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VQF 649
Version 3

BTEC Level 2 Teamwork and Personal Development in the Community
Unit 4: Improving Health and Fitness for Wellbeing

Witness statement - for completion by the VQ Officer or an appropriate assessor

Reference:	**VQ**
Learner name (CAPS):	

This form can provide evidence that the learner participated in **two** different fitness tests to determine personal health and fitness.

Learner must take part in **two of the fitness** tests below.	
RUN	**1.5 miles (2.4 Km)** Completed: YES NO Time:
TRUNK CURL	**As many as possible in one minute** Number achieved:
PUSH UPS	**As many as possible in one minute** Hand/Foot version **OR** Hand/Knee version **Hand/Foot** Number achieved:

Tutor - Comments and feedback:

Please turn the page to sign and date.

Tutor signature:	*"I confirm that this is a true and accurate account"*		
Tutor name (CAPS):			
Job role:		Date:	

Learner comment:			
Learner signature:		Date:	

When completed, this witness statement must be passed to the learner. The learner should then sign, date and comment on your feedback. The completed form must be submitted at the same time as the learner's work.