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**VQF 653**
Version 3

# BTEC Level 2 Teamwork and Personal Development in the Community
# Unit 5: Personal Development through Adventurous Activities

Supporting evidence for AC 4.1, 4.2, 4.3 & 4.4

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

**<u>This section is to be completed by the learner:</u>**

| **Activity 1:** | | **Yes** | **No** |
|---|---|---|---|
| Did you hand in a consent form prior to the activity? | | | |
| Did you use the necessary kit and equipment correctly? | | | |

| | **How would you rate your behaviour during this activity:** | | |
|---|---|---|---|
| | Needed to improve | Good | Excellent |
| **Co-operation** | | | |
| **Adaptability** | | | |
| **Problem Solving** | | | |
| **Resilience** | | | |
| **Teamworking** | | | |

| **Activity 2:** | | **Yes** | **No** |
|---|---|---|---|
| Did you hand in a consent form prior to the activity? | | | |
| Did you use the necessary kit and equipment correctly? | | | |

| | **How would you rate your behaviour during this activity:** | | |
|---|---|---|---|
| | Needed to improve | Good | Excellent |
| **Co-operation** | | | |
| **Adaptability** | | | |
| **Problem Solving** | | | |
| **Resilience** | | | |
| **Teamworking** | | | |

**This section is to be completed by an instructor, appropriate adult or peer.**

**I can confirm that:**

- **the learner has taken part in two adventurous activities.** (As detailed above)
- **the learner has discussed personal development targets for each activity with a competent instructor.** They are recorded as part of Task 4.
- **the learner received feedback during and after each activity from a qualified instructor, to help them with their personal development.**

**The learner demonstrated expected behaviours throughout each activity with a competent instructor.** Please provide at least one example with detail (e.g. the learner demonstrate effective teamworking by…)

**Any other supporting comments:**

| | | | |
|---|---|---|---|
| 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.