

# Module validation (Local TRO104)

Name: \_\_\_\_\_ Appointment: \_\_\_\_\_ Group: \_\_\_\_\_

Module Number	Learning Required Yes or No	Learning Method	Validation Method	Validation Method	Validation Method	AND (where necessary)
1					N/A	
2				N/A	N/A	N/A
3					N/A	
4					N/A	
5					N/A	
6				N/A	N/A	
7				N/A	N/A	
8					N/A	
9					N/A	
10				N/A	N/A	N/A
11					N/A	N/A
12					N/A	
13					N/A	N/A
14				N/A	N/A	
15					N/A	
16						
17					N/A	
18				N/A	N/A	
19					N/A	

To complete: fill in each column as appropriate. Validation methods should be completed as per the list below, using the appropriate number. Learning methods should be completed as per the list below, using the appropriate number. Additional information should be completed on the reverse of the form.

### VALIDATION METHODS

1. Demonstration
2. Discussion with your training Adviser
3. Obtaining a qualification
4. Open College Network
5. Other (define over page)
6. Personal Learning Plan
7. Product of Work
8. Project Work
9. Questionnaire
10. Video
11. Witness Testimony
12. Workbook / Worksheets
13. Written Material

### LEARNING METHODS

1. Course
2. E-Learning
3. External Course
4. Factsheet
5. Management Game
6. One-to-One
7. Other (define over page)
8. Prior Experience
9. Small Group
10. Video / DVD
11. Workbook

Signed: Learner \_\_\_\_\_ Training Adviser \_\_\_\_\_ Training Manager \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_