**Professional Discussion Assessment Plan**

**(Sign and Return)**

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| **Learner Name**  |       |
| **Unique Learner Number**  |       |
| **Centre Name** |  |
| **Qualification Title** |  |
| **Module Reference No.** |  |
| **Module Title** |  |
| **Location**       |
| **Assessment Center** | Virtual  | Work Place | Other ( Explain) |
|  |  |  |  |
| **Discussion Date** |  | Time |  | Re-Scheduled Date |  |
| **Reschedule Explanation** |  |
| **Participants Details** |
| **Assessor** |  |
| **Learner** |  |
| **Witness** |  |
| **Others**  |  |
| **Conditions:-**Professional discussion is regulated by B-TIC Professional Discussion Policy and other relevant B-TIC policies. Leaner should have paid the appropriate professional discussion assessment fee. Leaner should be present in the venue 10 minutes prior to the discussion. Leaner should produce Photo ID to the Assessor Leaner should produce updated CV, Portfolio and Other forms of evidences if AppliesThe discussion may last 30 to 45 minutes and will be video recorded |
| Course Manager  | Signature  | Date |
|  |  |  |

**Please fill and Sign below and return to B-TIC**

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| I the leaner hereby confirm my availability as per the conditions above for the professional Discussion  |
| E-Mail |  | Mobile |  |
| Learner’s Signature |  | Date |  |