

Portfolio of Evidence Mapping Document

VTCT Level 2 Supply Chain Warehouse Operative

This mapping document is to be completed prior to the Gateway stage and submitted with the Portfolio of Evidence for each apprentice.

Please note: It is a requirement of the training provider to submit all of the evidence electronically, via the 'Documents tab' on the apprentice's dashboard within the epaPRO system. This must be in a scanned format, allowing the Portfolio of Evidence to be viewed remotely. VTCT will not accept a link to an apprentice's individual e-portfolio.

| Evidence number: <i>(typically, 8 pieces of evidence)</i> | KSB Requirements: | Knowledge, Skills and Behaviours criteria: | Type of evidence submitted: | Reference number: |
|--------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------|-----------------------------|-------------------|
| Example: | | | | |
| 1 | K6 | Work organisation - Organisational procedures for the receipt of products | Workplace documentation | 1.1 |
| 1 | K7 | Work organisation - Organisational procedures for the storage and picking of products | Workplace documentation | 1.2 |
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Declaration of Authenticity

The work submitted for the Portfolio of Evidence must be the apprentice's own work. Should this evidence be copied from someone else or plagiarised in any other way, the apprentice's End-point Assessment result may be void.

Apprentice Declaration

I confirm that all of the evidence submitted to VTCT for my Interview with Portfolio of Evidence is my own work.

| | |
|-----------------------|--|
| Apprentice name: | |
| Apprentice signature: | |
| Date: | |

Training Provider/Employer Declaration

The following declaration can be provided by the training provider or the employer.

I have authenticated the apprentice's work, and I am satisfied that to the best of my knowledge, the work submitted is solely that of the apprentice.

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| Training provider/ employer name: | |
| Training provider/ employer signature: | |
| Date: | |