



Level 3 Award in Preparing to Teach in the Lifelong Learning Sector (PTLLS) Assessment results

Please complete in type or block capitals and keep a copy for your records. (The shaded boxes are for CIEH use only.)
Only list candidates who have their candidate assessment records attached.

Centre name:		Centre no:	Assessment date (first date of the course):	
Name of trainer:		Trainer no.	Number of candidates:	
Name of moderator:	Name of second marker:		Pass:	Fail:

Surname:		First name (no initials):		2nd initial:	Date of birth:	Resit	
						<input type="checkbox"/>	
	Serial no. (6 digits)	Trainer mark	Moderator mark	Second marker mark	Final mark	P	F
Assignment 1	TL						
Assignment 2	TL						
Assignment 3	TL						
Surname:		First name (no initials):		2nd initial:	Date of birth:	Resit	
						<input type="checkbox"/>	
	Serial no. (6 digits)	Trainer mark	Moderator mark	Second marker mark	Final mark	P	F
Assignment 1	TL						
Assignment 2	TL						
Assignment 3	TL						
Surname:		First name (no initials):		2nd initial:	Date of birth:	Resit	
						<input type="checkbox"/>	
	Serial no. (6 digits)	Trainer mark	Moderator mark	Second marker mark	Final mark	P	F
Assignment 1	TL						
Assignment 2	TL						
Assignment 3	TL						
Surname:		First name (no initials):		2nd initial:	Date of birth:	Resit	
						<input type="checkbox"/>	
	Serial no. (6 digits)	Trainer mark	Moderator mark	Second marker mark	Final mark	P	F
Assignment 1	TL						
Assignment 2	TL						
Assignment 3	TL						
Surname:		First name (no initials):		2nd initial:	Date of birth:	Resit	
						<input type="checkbox"/>	
	Serial no. (6 digits)	Trainer mark	Moderator mark	Second marker mark	Final mark	P	F
Assignment 1	TL						
Assignment 2	TL						
Assignment 3	TL						

I certify that the above information is correct: _____ (signed) **Trainer** Date: _____

I certify that the above results have been moderated and the results ratified: _____ (signed) **Moderator** Date: _____

I certify that the above results have been second marked and the results ratified: _____ (signed) **Second marker** Date: _____