Chartered Institute of Environmental Health

Principles of Manual Handling Certificate

EXAMINATION RESULTS

1. One person should complete the candidates' details legibly in **TYPE or BLOCK CAPITALS**. A cross should be inserted in the appropriate pass or fail column.
2. **Candidates' date of birth is compulsory.**
3. Security label from the examination paper **must** be affixed for each candidate in the space provided on this sheet.
4. For security reasons we can only accept a full first name, **initials only are unacceptable.**
5. Examination results sheets should be returned in a standard A4 envelope marked clearly in the top left hand corner "Examination Results".
6. Please retain a photocopy of the completed results sheet for your records and return the original to: **CIEH, Customer Support Department, Chadwick Court, 15 Hatfields, London SE1 8DJ.**

Centre Number: **J**	Centre Name:	Examination Date: (use one sheet for each exam date)
Total No. of Candidates:	Name of Trainer:	Joint Logo Certificate: Yes/No (only applies to centres with a pre-arranged facility)
Total Pass: Total Fail:	Centre Telephone No.:	Trainer Identification No.:

Candidate Security Label **(remove from examination paper and affix in the space provided)**	Surname (in alphabetical order) **COMPULSORY**	Full First Name **COMPULSORY**	2nd Initial	Date of Birth (dd/mm/yy) **COMPULSORY**	Pass	Fail

I certify that the above information is correct_____**Trainer's signature**

Date_____ Page_____ of_____

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