

Professional Trainer Certificate

Assessment results



Chartered
Institute of
Environmental
Health

Please complete in type or block capitals and keep a copy for your records.
only list candidates who have their candidate assessment records attached.

Centre Name:	Centre No: T	Assessment Date: <small>(This date will appear on the candidate's certificate)</small>		
Name of Trainer:	Number of Candidates:	Credit	Pass	Fail

Serial No.	Surname (In alphabetical order)	Full First Name (No initials)	2nd Initial	Attendance (Min 80 %)	Credit	Pass	Fail

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

Date: _____

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