

Level 3 Award Training Skills and Practice Assessment results

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

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

CAR serial no.	Surname (In alphabetical order)	Full first name (No initials)	2nd Initial	Date of birth	Resit (check this box)	Assignment mark		P	F
						Trainer	Moderator		
					<input type="checkbox"/>				
For CIEH second marker's use only →									
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For CIEH second marker's use only →									

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

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

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

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