

Trident Candidate Register



Course Title:		Course Minimum Contact Hours (MCH):	
Centre Name:		Today's Date:	
Venue:		Exam Date:	
Tutor Name:		Run No:	
Invigilator Name:		Course Start Date:	
		Course End Date:	

Candidate Name	AM Session From: To:	PM Session From: To:	Eve Session From: To:	Tutor/invigilator Comments
<i>(Completed by tutor or administrator)</i>	<i>(Completed by tutor or invigilator)</i>	<i>(Completed by tutor or invigilator)</i>	<i>(Completed by tutor or invigilator)</i>	
	Signature of candidates below:	Signature of candidates below:	Signature of candidates below:	

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Candidate Name	AM Session From: To:	PM Session From: To:	Eve Session From: To:	Tutor/invigilator Comments
<i>(Completed by tutor or administrator)</i>	<i>(Completed by tutor or invigilator)</i>	<i>(Completed by tutor or invigilator)</i>	<i>(Completed by tutor or invigilator)</i>	
	Signature of candidates below:	Signature of candidates below:	Signature of candidates below:	

Signed:		Dated:	
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Please keep this form until your Quality and Curriculum Reviewer (QCR) has visited your Centre

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