

Seating Plan Record Form

To be completed for paper-based assessments at levels 1 and 2. Please include the candidate name and number of the assessment paper.

(Centres may produce an alternative document to represent their particular assessment room and layout, providing it shows each candidate name and assessment paper number, date of assessment and Invigilator signature, and is retained on file by the Centre).

Date of assessment.....

Invigilator name (printed).....

Invigilator signature.....

Invigilator
