|  |  |
| --- | --- |
|  | **WJEC LEVEL 3 IN**  **FOOD SCIENCE AND NUTRITION**  **INTERNAL CONTROLLED ASSESSMENT TIMESHEET**  **Unit [insert number and title]** |

|  |  |
| --- | --- |
| **Centre Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Centre Number:** |  |  |  |  |  |

|  |  |
| --- | --- |
| **Candidate Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Candidate Number:** |  |  |  |  |  |
|  | | | | | |

**The total time allowed must not exceed [ ]**

**The timed, supervised hours took place as follows:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tasks** |  | **Dates** | | |  | **Time Allowed [ ]** | |
|  |  | **Hour** | **Minutes** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Total** |  |  |

|  |
| --- |
| I certify that all candidates entered were informed of the above date  **Supervisor’s Signature:…………………………………………….. Date*:* …………………..................** |

|  |
| --- |
| I confirm that the evidence submitted for assessment has been produced by me without any assistance beyond that allowed/  **Candidate’s Signature*:* ……………………………………………… Date*:* …………….........................** |