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

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| **Centre Name:** |  |

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

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| **Candidate Name:** |  |

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| **Candidate Number:** |  |  |  |  |  |
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**The total time allowed must not exceed [ ]**

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

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

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

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