

|                                     |  |                         |                    |
|-------------------------------------|--|-------------------------|--------------------|
| <b>Course Title</b>                 |  | <b>Class Ref Number</b> |                    |
| <b>Instructor/Tutor Name</b>        |  | <b>Start Date</b>       | <b>Finish Date</b> |
| <b>Location of Assessment Event</b> |  |                         |                    |

**Section A**

1. Waterford TC/Kilcohan Apprenticeship/In-Centre test packs should be requested 5 working days before the scheduled test date.
2. Wexford TC Apprenticeship/Enniscorthy Fablab test packs should be requested 10 working days before the scheduled test date.
3. Contracted Training/ Second Provider Training packs should be requested 10 working days before the scheduled test date.

| Module Title | Module Code | Assessment Code | No of papers required | Date | Time | Reader/Scribe required      |                | Repeat<br>Insert a tick in the box<br>to indicate first or<br>second repeat | Assessment Version<br>Training Standards Office<br>Use Only |
|--------------|-------------|-----------------|-----------------------|------|------|-----------------------------|----------------|---|---|
|              |             |                 |                       |      |      | Insert a tick<br>in the box | No<br>required |   |   |
|              |             |                 |                       |      |      | <input type="checkbox"/>    |                | 1 <input type="checkbox"/> 2 <input type="checkbox"/>                       |   |
|              |             |                 |                       |      |      | <input type="checkbox"/>    |                | 1 <input type="checkbox"/> 2 <input type="checkbox"/>                       |   |
|              |             |                 |                       |      |      | <input type="checkbox"/>    |                | 1 <input type="checkbox"/> 2 <input type="checkbox"/>                       |   |
|              |             |                 |                       |      |      | <input type="checkbox"/>    |                | 1 <input type="checkbox"/> 2 <input type="checkbox"/>                       |   |
|              |             |                 |                       |      |      | <input type="checkbox"/>    |                | 1 <input type="checkbox"/> 2 <input type="checkbox"/>                       |   |
|              |             |                 |                       |      |      | <input type="checkbox"/>    |                | 1 <input type="checkbox"/> 2 <input type="checkbox"/>                       |   |

Comments/Special Needs:

Address Test packs should be sent to:

**Section B - Amendment to a Scheduled Assessment - 2 Working days' notice is required**

**Due to unforeseen circumstances/events ONLY-**. Please ensure that assessments are planned carefully to keep any changes to a minimum

| Original Scheduled Assessment |             |                 |      |      |  | New Assessment Date |      |
|-------------------------------|-------------|-----------------|------|------|--|---------------------|------|
| Module Title                  | Module Code | Assessment Code | Date | Time | Reader/Scribe required<br>Insert a tick in the box | Date                | Time |
|                               |             |                 |      |      | <input type="checkbox"/>                           |                     |      |

|  |  |  |  |  |                          |  |  |
|--|--|--|--|--|--------------------------|--|--|
|  |  |  |  |  | <input type="checkbox"/> |  |  |
|--|--|--|--|--|--------------------------|--|--|

**Training Standards use only, Date Form received:**

**Training Standards use only –Date Exam Packs issued:**