

| Name and job title: Assessor/Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit: \_\_\_\_\_\_\_\_\_  Date:  **I confirm that the listed learners:**   * **are registered at this Centre on a programme of study leading to a Chartered Management Institute qualification** * **are, to the best of my knowledge, the sole author(s) of the completed assignment(s) submitted**      |  | Learner’s Name | Learner’s Number | Result | Sampled | | --- | --- | --- | --- | --- | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | | 4 |  |  |  |  | | 5 |  |  |  |  | | 6 |  |  |  |  | | 7 |  |  |  |  | | 8 |  |  |  |  | | 9 |  |  |  |  | | 10 |  |  |  |  | |
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