**External Assessment Planning Document**

Centre name: ……………………………………………

Qualification name: ……………………………………………

Assessment window: ………………………………

Supervised time XX hours

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| Session | Date | Session times | No of learners | Venue | Duration |
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\* Insert more lines if required.

Invigilated time XX hours

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| Session | Date | Session times | No of learners | Venue | Duration |
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