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| Qualification: | |
| Unit: | Level: |
| Assessor name: | |
| Internal quality assurer (IQA) name: | |
| Date: | |

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| **Learner name:** | **Outcome:** | **Feedback to assessor:** |
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| **Identified action points:** | **People responsible** | **Deadline** |
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| IQA signature: | Date: |
| Assessor signature: | Date: |

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| **I confirm that the identified action points above have been addressed.** | |
| IQA signature: | Date: |