

**Practitioner 2017 11/12/2017 5:00 PM**

<i>Seat No</i>	<i>Name</i>	<i>Surname</i>	<i>Language</i>	Foundation Score	Re-sit Found	Taken Prac/Re-Reg	Extra Time* Special Requirements	Extra Time Non Native Language	Online Registration Completed	ID Check
001	Christian	Descheemaekere	English		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
002	Mickaël	Davila	English		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003	Nicolas	de Champris	English		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
004	Thierry	Falque-Vert	English		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Prior permission or an explanation in the Notes to Invigilator Booklet is required to explain why extra time has been granted.

FAO:

Delivery Address:

Delivery Postcode:

Delivery Country:

Delivery Contact Tel No:

Total Places 4

Total Practitioner 2017  
(session 1) 4

Special Requirements No

Late Booking No

Early Delivery Required No

Reason

Early Delivery Date

Venue Address:

FFIT

20 Parc de Béarn

Saint-Cloud

Hauts-de-Seine

FRA

Venue Postcode: 92210

Venue Contact Tel No: +33674454257

**Invigilator Statement**

I confirm I have read and abided by the rules of invigilation as set out in the current booklet and have checked and am satisfied with the ID of candidates in this list. I also confirm the return of following papers in the table below

***TO BE COMPLETED BY THE INVIGILATOR - Session 1***

<b><i>No of Papers returned</i></b>	<b><i>Practitioner 2017</i></b>	<b><i>Practitioner 2017 Re-sit(s)</i></b>
<b><i>Exams Taken</i></b>		
<b><i>Unused (spares)</i></b>		

Date: \_\_\_\_\_

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

Exam Version	2017
Multiple Training Courses	No
Trainer	
Invigilator(s)	Trainer Exam
AO PO Ref:	P2-2017-FFIT-11Dec17
Booking ID	2140065
Preferred Office	APMG-Benelux
Preferred Office Tel No	+31 (0)35 52 31 845
Preferred Office Email	exams@apmg-benelux.com