

CHARTERED TRADING STANDARDS INSTITUTE

Qualifications Framework

Date of Examination

AM / PM:

Candidate's No:

Subject:

No. of additional sheets
(if applicable)

Indicate HERE if answered from regional area.
(e.g. Scottish)

INSTRUCTIONS TO CANDIDATE

1. The Candidate must ensure that his/her examination number is entered on this cover. **DO NOT WRITE YOUR NAME**
2. Use both sides of the answer paper. Do not write in the margins.
3. The number of the question you are answering **must be entered at the top of each answer page.**
4. **Indicate if you are answering questions from a specific legislative area, e.g. Scottish in the area above.**
5. Do not use scrap paper. Do all rough work in the answer book and cross it through.
6. Each question must be commenced at the top of a fresh page
7. Tie supplementary answer sheets, even if they contain rough work only, inside the back of this main answer book.

Enter here the number of each question attempted in the order in which answered											TOTAL
For Examiners Use Only Marks Awarded.....											
Max Marks Possible.....											

Examiners Signature Date

Invigilators Signature Date