

Seating plan

| Centre name: | Centre number: |
|-------------------------------|-------------------------|
| Number of candidates in room: | Number of absentees: |
| Name of supervisor: | Name of invigilator(s): |
| Date of examination: | |
| | |

Please read the guidelines for supervisors and invigilators carefully.

| Candidate number |
|------------------|------------------|------------------|------------------|------------------|
| Candidate name |
| Candidate number |
| Candidate name |
| Candidate number |
| Candidate name |
| Candidate number |
| Candidate name |
| Candidate number |
| Candidate name |
| | | | | |

Front of examination room

Centres may submit their own seating plan, however all information as detailed above **must** be included.