**Appendix 3: Independent Verification Candidate Practice Review Cover Sheet for OPCP-L5**

This form is to be completed by the candidate and tutor.

Please submit this with the candidate Practice Review samples sent to CPCAB for Independent Verification to

support the assessment and quality assurance of this candidate’s work.

**Failure to provide ALL this information will delay the Independent Verification and certification of the group.**

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| --- | --- |
| Centre name and number: | Candidate number: |

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| --- |
| **I confirm that I have personally completed this Practice Review and that it is a true and accurate record of my own work.**  Candidate name:  Candidate signature: Date: |

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| **I confirm that this Practice Review is the candidate’s own work.**  Tutor name:  Signature: Date: |

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| **External Quality Assurance** |
| **CPCAB Independent Verification**  Independent Verifier name:  **Signed (on behalf of CPCAB Head Office):** Date: |