Professional Discussion Planning Form

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| **Professional discussion planning form** | | | | | |
| **Qualification title** |  | | | | |
| **Learner name** |  | | | | |
| **Assessor/Trainer name** |  | | | | |
| **Date** | DD/MM/YY | **Time** | HH:MM | **Proposed duration** | HH:MM |

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| **Learning Outcome(s)** | **Assessment criteria** | **What is to be covered in the discussion** | **Time reference (if recorded)** |
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|  |  | Please continue on a separate sheet if required |  |

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| **Assessor signature** |  | **Date** | DD/MM/YY |
| **Learner signature** |  | **Date** | DD/MM/YY |
| **Internal Quality Assurer Signature** |  | **Date** | DD/MM/YY |