

# Answer Sheet

HLTAID001

## Provide CPR

*Please do not mark the question book*

DUE BACK BEFORE     /     /

Name of student: \_\_\_\_\_

Name of company: \_\_\_\_\_

Date of practical course: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact telephone number: \_\_\_\_\_

*I certify that the completed work on this answer sheet is entirely my own.*

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

Result of assessment:            Satisfactory / Not Satisfactory    Comment:

Result of re-assessment:        Satisfactory / Not Satisfactory

Name of assessor: \_\_\_\_\_ Assessor Signature: \_\_\_\_\_

Date of assessment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_            Student Signature: \_\_\_\_\_

*Return this answer sheet and workbook to:*

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*Mark your answers in this section*

Qn                      Answer

1     a     b     c

2     a     b     c     d

3     a     b     c     d

4     a     b     c     d

5     a     b

6     a     b

7     a     b     c

8     a     b     c

9     a     b     c

10    a     b

11    a     b     c     d

12    a     b     c

13    a     b

14    a     b     c

15    a     b     c

16    a     b     c

17    a     b     c     d

18    a     b     c

19    a     b     c     d

20    a     b     c     d

21    a     b     c     d

Qn                      Answer

22    a     b     c

23    a     b     c     d     e

24    a     b

25    a     b     c     d

26    a     b     c     d

27    a     b     c