|  |  |  |  |
| --- | --- | --- | --- |
| Centre Name |  | Centre Number |  |
| Contact Name |  | Position |  |
| Centre Address |  |
| Telephone No |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name |  | Candidate Number |  |
| Details of Qualification where Scribe was used (title, unit / component) |  |

For the examiner to apply the correct mark allocation it is essential that the following information is provided. Please indicate in the appropriate box which accurately reflects how the approved application for a scribe was used. If this information is not provided we cannot guarantee that the script will be marked.

|  |
| --- |
| 1. The candidate used a scribe/speech recognition technology but did not dictate spellings (letter by letter) and punctuation. |[ ]
| 2. The candidate used a scribe/speech recognition technology and dictated punctuation. |[ ]
| 3. The candidate used a scribe/speech recognition technology and dictated spellings letter by letter |[ ]
| 4. The candidate used a scribe/speech recognition technology and dictated punctuation and spellings letter by letter.  |[ ]
| 5. The candidate used a word processor with the spell check switched on. |[ ]
| 6. The candidate used a word processor with the spell check and grammar check switched off. |[ ]
| Any other comments *(if applicable)* |
| Were diagrams/graphs completed by the candidate or the scribe? |

The attached script/work of the above-named candidate was produced by a scribe during the

examination/assessment period in accordance with GA’s regulations.

|  |  |
| --- | --- |
| Scribe Print Name |  |
| Signed: |  |
| Dated: | DD / MM / YYYY |

|  |  |
| --- | --- |
| Head of Centre or Exams Officer Name |  |
| Signed: |  |
| Dated: | DD / MM / YYYY |

To be completed by the examiner or moderator

|  |  |
| --- | --- |
| Name and confirmation | I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ can confirm I have read the scribe cover sheet and I have marked the script/moderated the candidates work in accordance with the instructions given by GA. |
| Signed: |  |
| Dated: | DD / MM / YYYY |