

Scribe Cover Sheet

Once completed, please return to **fcexams@libf.ac.uk** or include with answer scripts.

SECTION 1 – LEARNER DETAILS

Centre name _____
Learner name _____ LIBF number _____

SECTION 2 – EXAMINATION DETAILS

Qualification _____
Unit _____ Exam session number _____ Exam date _____

SECTION 3 – SCRIBE DETAILS

In order for the examiner to apply the mark scheme correctly please place an 'X' in the appropriate box which accurately reflects how the approved application for a scribe was used.

1. The candidate used a scribe but did not dictate spellings (letter by letter) and punctuation.
2. The candidate used a scribe and dictated punctuation.
3. The candidate used a scribe and dictated spellings letter by letter.
4. The candidate used a scribe and dictated punctuation and spellings letter by letter.
5. The candidate used a word processor with the spell check enabled (switched on).
6. The candidate used a word processor with the spell check and grammar check enabled (switched on).

Any other comments (if appropriate)

SECTION 4 – YOUR PERSONAL DATA

We will use and protect your personal data in accordance with current data protection legislation to evaluate your claim. Further details, including your rights, the disclosure of data to third parties, storage, retention and how to amend your personal data, can be found within our **Privacy Notice** (www.libf.ac.uk/privacy)

SECTION 5 – DECLARATION

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

Scribe signature _____ Date _____

Print name _____

Head of centre/Exams officer signature _____ Date _____

Print name _____