**Appendix D - Scribe Cover Sheet**

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| Learner Name | Learner Number | Centre Name | Centre Number  |
| **Robert Nell** | **106585319** | **Hampshire County Council** | **001065** |
| Batch Number | Qualification Name | Qualification Code | Date of Assessment |
| **80572204** | **NCFE Level 2 Functional Skills Qualification in English Writing**  | **603/5054/4** | **24th November 2022**  |

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| --- | --- |
| **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 learner used a Scribe/Speech Recognition Technology but did not dictate spellings (letter by letter) and punctuation. 2. The learner used a Scribe/Speech Recognition Technology and dictated punctuation. 3. The learner used a Scribe/Speech Recognition Technology and dictated spellings letter by letter. 4. The learner used a Scribe/Speech Recognition Technology and dictated punctuation and spellings letter by letter. 5. The learner used a Word Processor with the spell check enabled (switched on). 6. The learner used a Word Processor with the spell check and grammar check enabled (switched on).   | x |
| **Any other comments (if appropriate):** |
| **Were diagrams/graphs completed by the learner or the Scribe?** |  |

Please sign below to confirm that the attached script/work of the above named learner was produced by a scribe during the assessment period in accordance with NCFE regulations.

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| Head of Centre/Exams Officer | Name: Kevin MaySignature: Date:  | Name (print*): Kevin May*: Date: **24th November 2022** | Name (print): *Kevin May* Signature: Date: **24th November 2022** |
| Scribe | Name Kevin May Signature:*Kevin May* Date: 24/11/22 | Name (print): Kevin May: Date: 24th November 2022 | Name (print*):* *Kevin May* Date: **24th November 2022** |
| Learner | Name Robert NellSignature: Date: 24/11/22 | Name (print): Robert Nell Signature: Date:  | Name (print): Robert Nell Signature: Date: 24th November 2022 |