Scribe Cover Sheet

Learner Name	Learner Number	Centre Name	Centre Number
Batch Number	**Qualification Name**	**Qualification Code**	**Date of Assessment**

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).	☐ ☐ ☐ ☐ ☐ ☐
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.

Head of Centre/Exams Officer	**Name (print):**	**Signature:**	**Date:**

Scribe	**Name (print):**	**Signature:**	**Date:**