

# Braille transcript cover sheet

Please read the attached notes before completing this form.			
<b>Examination series</b>			
<b>Centre No</b>			
<b>Candidate No</b>		<b>Candidate name</b>	

<i>Examination for which a Braille transcript was used</i>			
<b>Awarding body</b>	<b>Specification title</b>	<b>Specification entry code</b>	<b>Unit/ component</b>
Comments (if appropriate)			

The attached Braille transcript of the above-named candidate's script was produced immediately after the examination under secure conditions, in accordance with the JCQ regulations.			
<b>Braille transcriber</b>		Date	
Name (Please print)			
Signature			
<b>Head of centre/Exams officer</b>		Date	
Name (Please print)			
Signature			

<i>To be completed by the examiner</i>			
I have read the Braille transcript cover sheet.			
I have marked the script in accordance with the instructions given.			
Comments (if appropriate) for awarding body attention			

<b>Examiner</b>		Date	
Name (Please print)			
Signature			

## Notes on the completion of the Braille transcript cover sheet

### Centre:

- **Examination scripts:** the form **must** be completed and inserted inside the Braille transcript which must be sent to the awarding body/examiner in the normal way, **together with the candidate's Braille script.**
- The Braille transcript **must** be produced in accordance with the regulations in **Chapter 14, section 14.19 of the JCQ publication *Instructions for conducting examinations*. Failure to comply may constitute malpractice which could lead to the disqualification of the candidate.**
- The information required in the boxes on the form **must** be correct and complete.
- In the box marked ***Comments***, please indicate whether any problems were experienced with the production of the Braille transcript, which should be drawn to the attention of the examiner.
- The form **must** be signed by the Braille transcriber and countersigned by the head of centre/examinations officer in order for the Braille transcript to be accepted.