JCQ/Braille transcript Form 5

Braille transcript cover sheet

Please read the at	tached notes befo	re completing this form			
Examination ser	ies				
Centre No					
Candidate No		Candidate name			
Examination for	which a Braille	transcript was used			
Examination for which a Braille		<u>-</u>		Specification	Unit/
Awarding body	Specification	i uue		entry code	component
Comments (if appr	ropriate)				
		e above-named candida			ediately after the
examination under secure condition Braille transcriber		s, in accordance with tr	ie JCQ regulat		
Name (Please print)		Date			
Signature					
Head of centre/Exams officer					
Name (Please print)				Date	
Signature					
To be completed	 by the examin	er			
I have read the Br					
I have marked the	scrint in accordan	nce with the instructions	s aiven		
		ding body attention	giveni		
Comments (ii appi	opriate) for award	ang body attention			
Examiner					
Name (Please print)				Date	
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.