

Appendix B – Access to Scripts – Candidate consent form for access to and use of examination scripts



AQA City & Guilds CCEA OCR Pearson WJEC

Access to Scripts

Candidate consent form for access to and use of examination scripts

| | |
|-----------------------------|---------------------|
| Centre number | Centre name |
| Candidate number | Candidate name |
| Qualification level/subject | Component unit/code |

I consent to my scripts being accessed by my centre.

Tick ONE of the boxes below:

- If any of my scripts are used in the classroom, I do not wish anyone to know they are mine. My name and candidate number must be removed.
- If any of my scripts are used in the classroom, I have no objection to other people knowing they are mine.

Signed: Date:

This form should be retained on the centre's files for at least six months.