AQA City & Guilds CCEA OCR Pearson WJEC

**Candidate consent form for access to and use of examination scripts**

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| --- | --- |
| **Centre Number**  68736 | **Centre Name**  Llanishen High School |
| **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.)*