

FOR OFFICIAL USE

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EXTERNAL ASSESSMENT

Flyleaf

Total
Mark

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NATIONAL QUALIFICATIONS

HOME ECONOMICS

HEALTH AND FOOD TECHNOLOGY
INTERMEDIATE 2
Technological Project

Fill in these boxes and sign the candidate declaration below.

Full name of centre

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Town

--

Forename(s)

--

Surname

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Date of birth

Day Month Year

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Scottish Candidate Number

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Design brief selected (1 or 2)

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Candidate Declaration

I confirm that the materials submitted within are my own work; I confirm that I have read the *Your Coursework* booklet and understand the consequences of submitting work that is not my own/ has been plagiarised from another source.

Signature _____

Date _____