

FOR OFFICIAL USE



National Qualifications

Mark

X842/75/05

# Italian Assignment-writing



\* X 8 4 2 7 5 0 5 \*

Fill in these boxes and read what is printed below.

Full name of centre

Town

Forename(s)

Surname

Date of birth

Day

Month

Year

Scottish candidate number

You must write in **blue** or **black** ink.

### Candidate declaration

I confirm that:

- I understand that this coursework will be submitted to Qualifications Scotland for marking
- I have read Qualifications Scotland's *Your National Qualifications* booklet and I understand its contents
- I understand that Qualifications Scotland may impose a penalty on my award if I have not followed the rules in the *Your National Qualifications* booklet

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For centre completion

In ticking this box it is confirmed that any potential child welfare concerns arising from the content of the materials enclosed are being or have been addressed.



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