

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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