

OCR Level 2 Award in Awareness of Dementia (05919)

Submission cover sheet

Claim number:

Reference number:
(OCR use only)

This is an interactive pdf, you should enter your details on-screen and print off your completed form or send it electronically (as a saved attachment) to your Examiner Moderator.

This cover sheet is to be used to accompany the work submitted for a single candidate. Please complete, selecting the most appropriate description of the candidate's work being submitted. **Do not** use the 'Submit' button that some versions of Adobe Reader may show on the top right of your screen.

Please select the correct single or full unit option

Single Unit(s)	Full qualification
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Centre Number:

Candidate's surname or family name:

Candidate's first forename:

Candidate's second forename (if any):

Candidate's Date of Birth (dd/mm/yyyy):

Candidate number:

Gender:

Assessment Record

The centre assessor must initial each unit number being claimed for those units that they have assessed. Under no circumstances should any unit be submitted to OCR unless the centre assessor is satisfied that all the necessary criteria for the award of the unit has been met. The units should be claimed on Interchange and then sent to the Examiner/Moderator within 24 hours.

I confirm that all of the submitted evidence was produced unaided by the above candidate.

Centre assessor's name (print)

Examiner-moderator's name (print)

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	Assessor initials	Submission <small>Paper or electronic</small>	Outcome <small>Pass or fail (to be completed by examiner/moderator)</small>	Sampled <small>Full or partial (to be completed by examiner/moderator)</small>
Unit 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>