Complete this form for each submission (a submission may include a number of candidates)

**Centre number:**

**Entry Code:**

Please complete in block letters

**First candidate’s name in online claim:**

**Last candidate’s name in online claim:**

**Total number of candidates in online claim:**

All candidate work must be assessed, internally moderated and complete before being submitted to the OCR examiner-moderator. Only work that meets all of the required assessment criteria should be submitted for external moderation.

Certification claims for Entry Level Functional Skills are made online via Interchange. For information and guidance on how to build an online claim please refer to the OCR Admin Guide: Functional Skills and the step-by-step user guide (which is available from the OCR website www.ocr.org.uk/interchange). As soon as you have submitted your claim online, you need to send the candidate work (for all of the candidates for whom you have made a claim) to your OCR examiner-moderator. **Failure to submit an online claim will result in your examiner-moderator being unable to moderate the work.**

**What should be submitted:**

For Level 1: Completed Assessors Observation Records and any supporting discussion/exchange notes that cover one formal/informal discussion (within a group) about unfamiliar subjects and one formal/informal exchange (one to one) about unfamiliar subjects for each candidate.

For Level 2: Completed Assessors Observation Records and any supporting discussion/presentation notes that cover one formal discussion about unfamiliar subjects and one presentation about unfamiliar subjects for each candidate.

A Centre Authentication Form (CCS160) - one form per level should be completed and held in the centre.

**For OCR Examiner-moderator use only**

Please tick to confirm the submission has been accepted, partially accepted or withdrawn:

<table>
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<tr>
<th>Subject &amp; Level</th>
<th>Accept</th>
<th>Partially Accept</th>
<th>Reject</th>
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<tr>
<td>English Level 2</td>
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Examiner Moderator signature …………………………………………………………………….. Date:…………………………………..

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