

Form: D3e

## GCSE Drama Unit Three VIDEO/DVD TIME SHEET

Centre Name:					Cent	tre No:		
This fo	rm must be	complete	ed aı	nd sent to your examin	er alo	ng with t	ne recording	JS
Start Time	Finis h	Group	0	T	_		No. in group	
(On DVD)		Numbe		Title of Performance/Prese		itation	Performers	Perf. Support
Quality of Video/Additional Comments:								
Examiners will not check the recordings. Enquiries About Results will be completed using these recordings. Replacement DVDs will not be requested if damage occurs to DVDs not sent in hard protective cases. Keep copies of DVD recordings sent for the examination securely at the centre.								
Teacher's declaration:								
I confirm that I have checked the quality of the DVD/video(s) and noted any issues above. All candidate introductions are clearly filmed at the start of each performance. I understand that by signing the declaration I agree to our work being used to support Professional Development, Online Support and Training of both Centre-Assessors and Edexcel Examiners on an anonymised basis.								
Name of Teacher (Print)			Siç	gnature		Date		