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Fill in these boxes and s	ign the candidate de	eclaratio	n below.						
Full name of centre			Tow	Town					
Forename(s)			Surname						
Date of birth									
Day Mont	h Year	Scottish	candida	ate ni	umber				
Candidate declaration									
I confirm the following:									
 I have read SQA's You. 	r National Qualificat	ions bool	det and	unde	rstand	its co	ntents.		
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Please turn over to complete



Date _

Signature _____



For centre completion
Please tick this box to confirm the candidate brief has been included in this pack.
Please tick to confirm whether you have uploaded the finished media product to the portal or included a hard copy in this pack:
Uploaded to portal
Hard copy in pack
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.

For Candidate Use

Include your brief as a separate sheet.

For SQA Use Only

Media Higher Assignment

Skills, knowledge and understanding	Marks Available	Marks Awarded
Section 1 — Planning		
1a	5 marks	
1b	5 marks	
1c	5 marks	
1d	5 marks	
Section 2 — Development		
2a	10 marks	
2b	20 marks	
Total	50 marks	