

2014 Personal Outline Form

A-level History (2040)

Unit 4 - Historical Enquiry (HIS4X)

Use this form where all candidates are offering different questions. Submit one form per candidate. It is not necessary for the candidates offering different questions to submit a separate Group Outline Form.

Parts A and B should be completed the candidate and supervising teacher as indicated. The completed outline form should be sent your centre's Coursework Adviser for approval.

Once the title has received approval from your Coursework Adviser, this form must be attached to the front of each candidate's Historical Enquiry, prior to submission to the Moderator.

Centre number

Centre name

Candidate number

Candidate's full name

Part A to be completed by the candidate

Units codes and titles that your candidates have studied

Unit code	Unit title
1 HIS1__	
2 HIS2__	
3 HIS3__	

Title of the Historical Enquiry. This must be presented in the form of a question with a clear focus. You must refer to a period of at least 100 years in the question.

Please list below all the sources that will be used.

Part B to be completed by the supervision teacher

Please complete the checklist below to confirm that the Historical Enquiry meets the requirements of the specification.

Select/tick	
<input type="checkbox"/>	The Historical Enquiry is valid and in the form of a question with a clear focus
<input type="checkbox"/>	The question covers the required 100 years
<input type="checkbox"/>	The question is based on a different period or country from that selected for Unit 3
<input type="checkbox"/>	The question avoids substantial overlap with material studied for Units 1, 2 and 3
<input type="checkbox"/>	The source materials are a) accessible?
<input type="checkbox"/>	b) demonstrating a range of sources?

Record below any additional comments you would like to draw to the attention of the Coursework Adviser in support of this proposal.

Teacher's full name	Date
_____	_____

Part C to be completed by the Coursework Adviser

Adviser's comments

<input type="checkbox"/> Approved	<input type="checkbox"/> Approved subject to the implementation of the adviser's recommendations	<input type="checkbox"/> Resubmission required
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Adviser's full name	Date
_____	_____