

Appendix A



AQA City & Guilds CCEA OCR Pearson WJEC

Clerical re-checks, reviews of marking and Appeals

Candidate consent form

Information for candidates

The following information explains what may happen following a clerical re-check, a review of marking and any subsequent appeal.

If your school or college submits an application for a clerical re-check or a review of the original marking, and then a subsequent appeal, for one of your examinations after your subject grade has been issued, there are three possible outcomes:

- Your original mark is lowered, so your final grade may be lower than the original grade you received.
- Your original mark is confirmed as correct, so there is no change to your grade.
- Your original mark is raised, so your final grade may be higher than the original grade you received.

In order to proceed with the clerical re-check or review of marking, you **must** sign the form below. This tells the head of your school or college that you have understood what the outcome might be, and that you give your consent to the clerical re-check or review of marking being submitted.

Candidate consent form

Centre Number	Centre Name
Candidate Number	Candidate Name

Details of enquiry (Awarding Body, Qualification level, Subject title, component/unit)

.....
.....

I give my consent to the head of my school or college to submit a clerical re-check or a review of marking for the examination(s) listed above. In giving consent I understand that the final subject grade and/or mark awarded to me following a clerical re-check or a review of marking, and any subsequent appeal, may be lower than, higher than, or the same as the result which was originally awarded for this subject.

Signed: Date:

This form should be retained on the centre's files for at least six months following the outcome of the clerical re-check, review of marking or any subsequent appeal.

Appendix B



AQA City & Guilds CCEA OCR Pearson WJEC

ACCESS TO SCRIPTS

Candidate consent form for access to and use of examination scripts

Centre Number	Centre Name
Candidate Number	Candidate Name
Subject	Component/unit code

I consent to my scripts being accessed by my centre.

Tick ONE of the boxes below:

If any of my scripts are used in the classroom I do not wish anyone to know they are mine. My name and candidate number must be removed.

If any of my scripts are used in the classroom I have no objection to other people knowing they are mine.

Signed: Date:

This form should be retained on the centre's files for at least six months.