

## **EXAMS OFFICE**

## Post-Results Services: Request, Consent and Payment form

If you submit an application for a clerical re-check or review of the original marking 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 indicates that you have understood what the outcome might be, and that you give your consent to an application for Review of Results to be submitted. You also need to give your consent for the school to apply for Access to Scripts for any of your papers. A summary of the services available and the deadline for submitting your consent are detailed overleaf.

Candidate Number			Candidate Name			
Candidate Email						
ltem	Awarding Body	Exam Code		Exam Title	Service No.	<b>Fee<sup>£</sup></b> (ref EHS4152)
a.						£
b.						£
с.						£

£ If this application is supported by the subject HOD please write 'HOD' in the Fee column and the HOD must authorise overleaf.

RoR Candidate consent statement and signature	ATS Candidate consent statement and signature		
I give my consent to the head of my examination centre 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. <b>By signing here, I confirm my consent to the above:</b>	<ul> <li>I consent to my scripts being accessed by my centre.</li> <li>Tick ONE of the permission statements <ul> <li>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.</li> <li>If any of my scripts are used in the classroom I have no objection to other people knowing they are mine.</li> </ul> </li> <li>By signing here, I confirm my consent to the above:</li> </ul>		
Date:	Date:		

## **POST RESULTS SERVICES (PRS)**

Ref.	JCQ post-results service	Deadline	Details of the service
1	Service 1: Review of Results (RoR), clerical re-check Including copy of script	17 September 2019	<ul> <li>This is a re-check of all clerical procedures leading to the issue of a resultThis service will include the following checks:</li> <li>that all parts of the script have been marked;</li> <li>the totalling of marks;</li> <li>the recording of marks.</li> </ul>
10			[JCQ PRS 4.3.1]
2 2a	Service 2: RoR, review of marking	17 September 2019	<ul> <li>This is a post-results review of the original marking to ensure that the agreed mark scheme has been applied correctly.</li> <li>This service will include: <ul> <li>the clerical re-checks detailed in Service 1;</li> <li>a review of marking to ensure that no errors have occurred for the following reasons: <ul> <li>an administrative error;</li> <li>a failure to apply the mark scheme where a task has only a 'right' or 'wrong' answer;</li> <li>an unreasonable exercise of academic judgement.</li> </ul> </li> <li>Reviewers will not re-mark the script. <ul> <li>[JCQ PRS 4.3.2]</li> </ul> </li> </ul></li></ul>
3	Access to scripts (ATS): Priority copy of script to support a review of marking	27 August 2019	This is a priority service that ensures copy scripts are returned to the centre in sufficient time to allow decisions to be made whether a non-priority review of marking should be applied for. [JCQ PRS 6.3]
4	ATS: Copy of script to support teaching and learning	24 September 2019	This is a non-priority service enabling centres to request copies of scripts to support teaching and learning. [JCQ PRS 6.4]

HOD APPROVAL				
	Name	Marks from upper grade boundary	Date	Signature
a.				
b.				
c.				

	EXAMS OFFICE USE ONLY				
Total fees received <b>£</b>		Service(s) applied for a. / /2019 b. / /2019 c. / /2019			
	Outcome received	Candidate notified			
a.	/ /2019	/ /2019			
b.	/ /2019	/ /2019			
c.	/ /2019	/ /2019			