Appendix A - Clerical re-checks, reviews of marking and appeals - Candidate consent form



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 a request 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.

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 review (awarding body, qualification level, subject title, component/unit)				
marking for the examination(s) listed algrade and/or mark awarded to me follo	hool or college to submit a clerical re-check or a review of bove. In giving consent I understand that the final subject wing a clerical re-check or a review of marking, and any higher than, or the same as the result which was originally			
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 - Access to Scripts - Candidate consent form for access to and use of examination scripts



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			
Can	didate number	Candidate name			
Qua	lification level/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.				
Signe	d:	Date:			

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