

## Appendix A



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### ENQUIRIES ABOUT RESULTS AND APPEALS

#### Candidate consent form

##### Information for candidates

**The following information explains what may happen following an enquiry about a result and any subsequent appeal.**

If your school or college makes an enquiry about a result, (a review of the original marking) and 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 enquiry about results, 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 enquiry about results being made.

##### Candidate consent form

Centre Number 37645	Centre Name Lawnswood School
Candidate Number	Candidate Name

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

.....  
.....

**I give my consent to the head of my examination centre to make an enquiry about the result of the examination(s) listed above. In giving consent I understand that the final subject grade and/or mark awarded to me following an enquiry about the result 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 enquiry about results or any subsequent appeal.**

## Appendix B



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### ACCESS TO SCRIPTS

#### Candidate consent form for access to and use of examination scripts

Centre Number 37645	Centre Name Lawnswood School
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.**