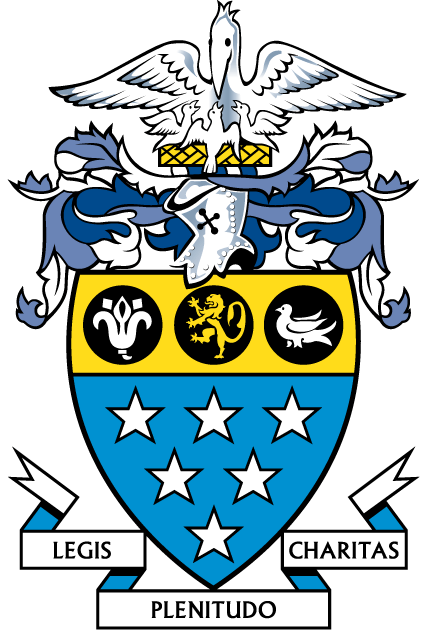
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Post-results services (PRS): Enquiry and Consent form

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| Submission Deadlines for each service – These are NOT flexible | | | | | |
| Review of Marking (ROM) | Priority Review of Marking (A Level and Pearson GCSE only) | Access to Scripts (ATS)  A LEVEL GCSE | | | |
| 3.00pm  27th September 2022 | 3.00pm  A Level - 24th August 2022  GCSE – 31st August 2022 | For Review of Marking | For Teaching & Learning | For Review of Marking | For Teaching & Learning |
| 31st Aug  3.00pm | 27th Sept  3.00pm | 7th Sept  3.00pm | 27th Sept  3.00pm |

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| **Candidate number** | |  | | | | | | | **Candidate name** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Candidate email** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| **Exam Board** | **Subject** | | | | | | | | | | | | | | | | | **Subject Code** | | | | | | | | **Unit Code** | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |
| **By signing the consent below I am also confirming that the appropriate fee(s) will be paid.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Reviews of Marking (RoM)  Candidate consent statement and signature  *I give my consent to the head of my examination centre to make an enquiry about the result of the examination 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.*  Students Signature  Grades can go down as well as up. If the grade goes down, the original grade CANNOT be reinstated.  By signing here, I confirm my consent to the above:  ……………………………………..............…. Date: ................ | Access To Scripts (ATS) Candidate consent statement and signature  *I consent to my script(s) listed above being accessed by my centre.*  **Tick ONE of the permission statements**   * *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.*   Students Signature  By signing here, I confirm my consent/permission as above:  …………...........…………………………………. Date: ............................. |
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| |  |  | | --- | --- | | **JCQ post-results service (PRS) requested** | **Please Enter YES against the service you want** | | **RoM Service 1: Clerical re-check with copy of script** |  | | **RoM Service 2: Review of marking with copy of script** |  | | **RoM Priority Service 2P: Priority Review of marking with copy of script** |  | | **RoM Service 3: Review of moderation (Not available to individual candidates)** | **Must refer to Head of Department** | | **ATS: Copy of script to support a review of marking** |  | | **ATS: Copy of script to support teaching and learning.** |  |   Head of Department Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grades can go down as well as up. If the grade goes down, the original grade CANNOT be reinstated. | |

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| **For Exams Office Use only** | | | | | | | | | | |
| Original Unit Score  and Award Grade | | / | | New Unit Score and Award Grade | | / | | Overall Re-Grade? | YES | NO |
| Date Request Received | Date to AB | | Date Outcome Received | Student  Advised | HoD | HoY | KR | Assessment. Manager. Advised  (Copy) | New Grade in EO | Finance Advised |
|  |  | |  |  |  |  |  |  |  |  |