

**Summer 2025 Examination Series**

**OCR GCSE Post Results Request Form**

In order to place a post-results application, please complete page one of this form and the relevant consent form on page 2 or page 3 (or both), depending on your request (information detailed in table below).

Please fill in all the information completely and correctly and submit the forms to Ms Jamison (Exams Office) or Mrs Thomas (Maths 2)**.**

\*Once the forms have been submitted, payment will appear on ParentPay. Payment **must** be made via ParentPay in order for your application to be processed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate Name** |  | **Candidate Number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Description** | **Number required** | **Price per unit** | **Total Cost** |
| **Clerical re-check**  *\*Complete pages 1 & 2 of this form*    **DEADLINE: Wednesday 24 September** |  | £12.00 |  |
| **Review of Marking by unit/script**  *\*Complete pages 1 & 2 of this form*  **DEADLINE: Wednesday 24 September** |  | £66.00 |  |
| **Digital copy of script**  **DEADLINE: Wednesday 24 September**  *\*Complete pages 1 & 3 of this form* |  | Free |  |
|  |  | **TOTAL COST** |  |

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 making being submitted.

**Candidate Consent Form**

|  |  |
| --- | --- |
| **Centre Number:** 71258 | **Centre Name:** Rathmore Grammar School |
| **Candidate Number:** | **Candidate Name:** |

|  |  |  |
| --- | --- | --- |
| **Qualification** | **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 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 in the centre’s files for at least six months following the outcome of the clerical re-check, review of marking or any subsequent appeal.**





Candidate consent form for access to and use of examination scripts

AQA OCR Pearson WJEC CCEA

|  |  |
| --- | --- |
| Centre number | Centre name |
| Candidate number | Candidate name |
| Qualification level/subject | Component/unit code |

I consent to my scripts being accessed by my centre. I have also been made aware that quality assurance checks taken in processing this service may result in a change of mark.

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.**