



Clerical Re-Check / Review of Marking - Candidate Consent Form

TO BE COMPLETED BY THE EXAMS TEAM	Signed / Date
Checked with Finance	
PRS No	
Actioned with Awarding Body	
Emailed student to Confirm Request	
Emailed student to Notify Outcome	

Information for candidates

The following information explains what may happen following a clerical re-check, a review of marking and any subsequent appeal. If CCHSG submits a clerical re-check or a review of the original marking, 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 CCHSG 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 16425	Centre Name CCHSG
Candidate Number	Candidate Name
Contact Telephone Number	Home Email Address

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

Awarding Body	Qualification Level
Subject Title	Component / Unit
Service required - <input type="checkbox"/> Service 1 Clerical re-check <input type="checkbox"/> Service 2 Review of Results <input type="checkbox"/> Priority Service 2 Review of Results (A Level Only) <input type="checkbox"/> Access to Scripts <input type="checkbox"/> Priority Access to Scripts	
Total for services requested £	

I give my consent to the head of my school 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 may be lower than, higher than, or the same as the result which was originally awarded for this subject.

Signed by Student: Date:

I hereby authorise the above enquiry about my child's examination results and agree to pay any costs incurred.

Signed by Parent / Guardian: Date:

Payments details

Payments should be made to the following account

Account No – **64302268**

Sort Code – **30-92-16**

Payee – **Alpha Trust T/As Colchester County High School for Girls**

Reference – **Student Surname, Forename and the letters PRS**

If the outcome involves a grade change upwards there will be no fee payable and the fees will be refunded to you. Requests for an enquiry will not be actioned unless fees have been paid in advance and the application form has been completed and signed by a parent AND the student.

