**POST RESULT CONSENT FORM** 

**GCSE NOVEMBER 2019**

Complete **ALL** the required information below (in BLOCK CAPITALS), tick the service you are requesting against the correct paper/s, sign and date the form to confirm consent. Deadlines are on the reverse of form.

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| **HSDC Reference Number** |  | **Candidate Number** |  |
| **Full Name** |  | | |
| **Candidate Email** |  | | |

**GCSE English**

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| **Exam script** | **Priority Copy** | **Review of marking** | **Copy of script** | **EDEXCEL Copy** | **Cost** |
| AQA 8700/1 (Paper 1) |  |  |  |  |  |
| AQA 8700/2 (Paper 2) |  |  |  |  |  |
| Edexcel 1EN0/1 (Paper 1) |  |  |  |  |  |
| Edexcel 1EN0/2 (Paper 2) |  |  |  |  |  |
| WJEC C700U10-1 (Component 1) |  |  |  |  |  |
| WJEC C700U20-1 (Component 2) |  |  |  |  |  |
|  |  |  |  | **Total Cost** |  |

**GCSE Maths**

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| **Exam script** | **Priority Copy** | **Review of marking** | **Copy of script** | **EDEXCEL Copy** | **Cost** |
| Edexcel 1MA1/1F Foundation (Paper 1) |  |  |  |  |  |
| Edexcel 1MA1/2F Foundation (Paper 2) |  |  |  |  |  |
| Edexcel 1MA1/3F Foundation (Paper 3) |  |  |  |  |  |
| Edexcel 1MA1/1H Higher (Paper 1) |  |  |  |  |  |
| Edexcel 1MA1/2H Higher (Paper 2) |  |  |  |  |  |
| Edexcel 1MA1/3H Higher (Paper 3) |  |  |  |  |  |
| OCR J560/1 (Paper 1) |  |  |  |  |  |
| OCR J560/2 (Paper 2) |  |  |  |  |  |
| OCR J560/3 (Paper 3) |  |  |  |  |  |
|  |  |  |  | **Total Cost** |  |

Do you wish a copy of your script to also be sent to your teacher? Yes  No

If yes, please state the name of teacher you authorise us to email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Review of Marking  Candidate consent statement and signature  I give my consent to HSDC to submit 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;   * may be lower than, * higher than, * same as,   the result which was originally awarded for this subject.  By signing here, I confirm my consent above:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ | Copy of Script  Candidate consent statement and signature  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.  I do not want my scripts used in the classroom.  By signing here, I confirm my consent/permission above:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ |
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**DEADLINES AND COSTS PER SCRIPT**

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| --- | --- | --- | --- |
| **No.** | **Service** | **Cost per script** | **Closing Date** |
| 1 | Priority copy of script | £25.00 | 23 January 2020 MIDDAY |
| 2 | Review of marking | £55.00 | 13 February 2020 MIDDAY |
| 3 | Copy of script | £18.00 | 20 February 2020 MIDDAY |
| 4 | EDEXCEL ONLY Copy of script | No Charge | 9 April 2020 MIDDAY |

**Exam boards will not accept requests after the closing dates stated. Any forms received and not completed correctly will not be processed until required information is received. If not received by the deadlines above requests will not be processed and fees will be refunded.**

**SUMMARY OF SERVICES**

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| **No.** | **Service** | **Description** |
| 1 | Priority copy of script | This is a photocopy of your script to help decide on applying for a review of marking. |
| 2 | Review of marking | This is a review of the original marking to ensure that the agreed mark scheme has been applied correctly.  **It is not a re-marking of the candidate’s script. Reviewers will not re-mark the script.**  This service will include:   * a clerical re-check * a review of marking as described above. |
| 3 | Copy of script | This is a non-priority service enabling centres/candidates to request copies of scripts to support teaching and learning. |
| 4 | Photocopy of script | This is a non-priority service which only EDEXCEL provide. You will receive a photocopy of your original script. |

**PAYMENT INFORMATION**

Forms and relevant payment should be handed into reception. Payments can be made by cash, debit/credit card or cheque. Please make cheques payable to Havant & South Downs College.

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| ***Exams Office Use Only:*** |  |
| *Date Received:* |  |
| *Reference Number:* |  |
| *Processed:* |  |