## Candidate consent form and application for Post Results Review

**Information for candidates**

The following information explains what may happen following a Post Results Review and any subsequent appeal.

If your school or centre submits a request for a Post Results Review of the original marking, and then a subsequent appeal, for your project after your grade has been issued, there are three possible outcomes:

1. Your original mark is lowered, so your final grade may be lower than the original grade you received.
2. Your original mark is confirmed as correct, so there is no change to your grade.
3. Your original mark is raised, so your final grade may be higher than the original grade you received.

In order to proceed with the Post Results Review of marking, you must sign the form below. This tells the head of your school or centre that you have understood what the outcome might be, and that you give your consent to the review being submitted.

Candidate consent form

|  |  |
| --- | --- |
| Centre number       | Centre name       |
| Candidate number       | Candidate name      |

Details of review

I give my consent to the head of my school or centre to submit a Post Results Review of marking for the qualification listed above to compliance@asdan.org.uk. In giving consent I understand that the final subject grade and/or mark awarded to me following the 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.

[ ]  I consent to my project report and submission being accessed by my centre and ASDAN.

Signed (candidate):

Date:

This form should be retained on the centre’s files for at least six months following the outcome of the clerical re-check, review of marking or any subsequent appeal.

##

## Application to Appeal EPQ Results

1. **Details of the applicant** – please complete in all cases

|  |
| --- |
| **Centre name:**       |
| **ASDAN Centre Number:**       |
| **Address:**       |
| **Post Code:**       |
| **Name and Position of the person submitting the appeal (please print):**       |
| **Telephone Number:**       | **Email:**       |

1. **Details of the candidates appealing grade**

|  |  |  |
| --- | --- | --- |
| **Candidate Name**  | **Candidate Number**  | **Date of External Moderation / Series**  |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

1. **Details to support the appeal** – please provide supporting information

|  |
| --- |
| **A1:** The centre considers that either ASDAN or the Centre has made a marking or moderation error. Please list specific information and evidence that is being provided to support the appeal, using the candidate’s work and mark scheme to demonstrate where you believe the marking/moderation error has been made:      |
| **A2:** The centre considers that ASDAN has not applied its procedures consistently, properly and fairly in arriving at judgements, or applied procedures which are consistent with regulatory requirements. Please list the specific details of which procedure has not been properly applied, that is being provided to support the appeal.      |
| **B:** ASDAN has not considered requests for access or special considerations appropriately.Please list specific information and evidence that is being provided to support the appeal, using the details provided to ASDAN prior to the external moderation on reasonable adjustments/requests for access/special consideration.       |
| **C:** ASDAN has unfairly applied Malpractice/Maladministration sanctions unfairly. Please list the specific information and evidence that is being provided to support the appeal, providing details on how the sanctions applied to the centre disadvantaged the candidate and evidence to support that a different outcome should have been reached.       |

|  |
| --- |
| Please ensure that this appeal is only sent to the Compliance Manager after the finalisation of the Post Results Review. Complete this form with supporting evidence and send it to: compliance@asdan.org.uk |

|  |
| --- |
| **For ASDAN Office Use:** |
| **Outcome of Review** |       | **Reason**  |       |
| **Compliance Manager:** |       | **Date**  |       |