



Review of Results (ROR) Procedures and Appeals Forms

2023/2024

This policy is reviewed annually to ensure compliance with current regulations.

Approved/reviewed by	
John Hall	
Date of next review	September 2024

Key staff involved in the policy

Role	Name(s)
Head of centre	John Hall
Senior Leaders	Luke Staniforth
Exams officer	Scott Willis

Permission to access copy scripts



STUDENT NAME:

CANDIDATE NUMBER:

Subject	Board	Component/unit code

I consent to scripts listed above being accessed by De Warenne Academy.

Use of script in the classroom

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.**

Permission to celebrate your success

I give permission for my photograph, name and result being used to celebrate success.

Around the Academy YES NO

On the Academy website YES NO

SIGNED:

DATE:

CONTACT NUMBER:

This form should be retained on the centre's files for at least six months.

Check form to be completed by the Department to support a ROR



This form must be completed in all cases to support a ROR.

Student Name		Telephone contact number	
Awarding Body		Unit/module/exam paper code	
Subject		Unit/module/exam paper title	
Raw Mark		Raw Marks from next grade	
Current Grade		Type of Service (1,2,3 or Script)	

I confirm that, having made all the necessary checks, **I SUPPORT** the EAR detailed above.

I confirm that, having made all the necessary checks, **I DO NOT SUPPORT** the EAR detailed above.

Subject Teacher Name		Date	
Subject Teacher Signature			

Head of Department check (then pass to the Exams Officer)

I agree with the decision to **Support / Not Support** the EAR (*delete as applicable)

Head of Department Name		Date	
Head of Department Signature			

Date received by Exams Officer	
Date received by Principal	
EAR decision	SUPPORTED / NOT SUPPORTED * <i>delete as applicable</i>
Signed Principal	

Date processed online	
Date outcome received	
Date communicated to student	

FOR CENTRE USE ONLY	
Date received	
Reference No.	

ROR Internal Appeals Form

Please tick box to indicate the nature of your appeal and complete all white boxes on the form below.

- The centre's decision not to support a clerical check, a review of marking, a review of moderation, access to Scripts or an appeal
- The centre's decision not to support an appeal against the outcome of a review of results

Name of appellant		Candidate name if different to appellant	
Awarding body		Exam paper code	
Qualification Type / Subject		Exam paper title	

Please state the grounds for your appeal below

If necessary, continue on an additional page if this form is being completed electronically or overleaf if hard copy being completed.

Appellant signature:	Date:
Appellant Telephone:	Appellant Email:

This form must be signed, dated and returned to the exams officer on behalf of the head of centre to the timescale indicated in the relevant appeals procedure.

