## **GCSE 2023 Review of Results**

- Complete all parts of this form. If you are unsure of the correct details, please see your statement of results.
- Return this form to the exams office or send via email to exams@st-martins.essex.sch.uk
- Bank transfer to:

Candidate Name:

DET – ST MARTIN'S SCHOOL Sort Code: 30-67-33 Account No: 41776568 Ref: SURNAME/EXAMS

- Refunds will only be issued when a review leads to a change in the overall subject grade.
- Forms received by the exams office after the deadlines will not be accepted.
- The fee is per unit/paper not the whole subject. Please indicate the unit number on the form.
- There are three possible outcomes
  - 1. Your original mark is lowered. 2. Your original mark is confirmed. 3. Your original mark is raised.

In order to proceed with the review, you must sign the form below to confirm that you have understood all of the above information and that you give your consent to the review being made. Forms sent via a student's email account will be accepted without signature as an email address will act as an electronic signature.

| Services                        | Notes    | Edex   | AQA    | Eduqas | OCR    | Deadline |
|---------------------------------|----------|--------|--------|--------|--------|----------|
| 1 - Clerical check              | Per unit | £12.50 | £8.70  | £11    | £10.00 | 27/09/23 |
| 2P - Priority review of marking | Per unit | £51.10 | N/A    | N/A    | N/A    | 30/08/22 |
| 2 - Review of Marking           | Per unit | £44.50 | £40.35 | £40.00 | £57.50 | 27/09/23 |
| Non-Priority Script             | Per unit | Free*  | Free   | Free   | Free   | 27/09/23 |
| Priority Script                 | Per unit | Free*  | Free   | Free   | Free   | 06/09/23 |

|                      |   |              | e-ma           | ail address    | <b>5:</b>      |          |                 |            |
|----------------------|---|--------------|----------------|----------------|----------------|----------|-----------------|------------|
| Candidate Number:    |   |              | Can            | didate         |                |          |                 |            |
|                      |   |              | Mob            | ile Numbe      | r:             |          |                 |            |
| Candidate Signature: | By signing this form you accept the conditions outlined above. Parents CANNOT give consent. |              |                |                |                |          |                 |            |
|                      |   |              |                |                |                |          |                 |            |
|                      |   |              |                |                |                |          |                 |            |
| <u>Subject</u>       | Subject   | <u>Paper</u> | <u>Service</u> | <u>Service</u> | <u>Service</u> | Non-     | <b>Priority</b> | <u>Fee</u> |
|                      | Code  | No           | 1              | <u>2P</u>      | <u>2</u>       | Priority | Script          |            |
|                      |   | <del></del>  | _              |                | _              | Script   |                 |            |

Candidate

| <u>Subject</u>          | Subject<br>Code | <u>Paper</u><br><u>No</u> | Service<br>1 | Service<br>2P | Service<br>2 | Non-<br>Priority<br>Script | Priority<br>Script | <u>Fee</u> |   |
|-------------------------|-----------------|---------------------------|--------------|---------------|--------------|----------------------------|--------------------|------------|---|
| E.g: Maths              | 1MA1            | 1F                        |              |               | Υ            |                            |                    | £42.40     | _ |
|                         |                 |                           |              |               |              |                            |                    |            |   |
|                         |                 |                           |              |               |              |                            |                    |            |   |
|                         |                 |                           |              |               |              |                            |                    |            |   |
|                         |                 |                           |              |               |              |                            |                    |            |   |
| Finance Office use only |                 |                           |              |               |              | Total                      |                    |            |   |

Transfer Amount:

Date Received:

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