

Review of Results (ROR) Procedures and Appeals Forms

2024/2025

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

Approved/reviewed by			
Richard Davis / Sarah Clark			
Date of next review	13/02/25		

Key staff involved in the procedure

Role	Name(s)
Head of centre	Mr Christopher Robertson - CRO
Senior Leaders	Mr Richard Davis - RDA
Exams officer	Mrs Sarah Clark - SCL

Permission to access copy scripts



STUDENT NAME: CANDIDATE NUMBER:

Subject	Board	Component/unit code				
—						
I consent to scripts listed abo	ve being accessed by S	icalby School.				
Use of script in the	classroom					
Tick ONE of the boxes below:						
☐ If any of my scripts are use candidate number must be remo		do not wish anyone to know they are mine. My name and				
☐ 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 photogra						
Around the School	res 🗆 NO 🗖					
On the School website	res 🗆 NO 🗖					
SIGNED:		DATE:				
CONTACT NUMBER:						
This form should be retained on	the centre's files for a	t 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					number	ne contact					
Awarding Body					Unit/mo	odule/exam ode					
Subject					Unit/mo	odule/exam tle					
Raw Mark					Raw Ma grade	rks from next					
Current Grade					Type of or Script	Service (1,2,3 t)					
☐ I confirm that, ha										hove	
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Subject Teacher Name							Date				
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Subject Teacher Sig	nature										
Head of Departn	nent che						ole)				
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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 or an appeal	n not to support a clerical check,	, a review of marking, a re	eview of moderation, access to Scripts		
☐ The centre's decisio	n not to support an appeal agai	nst the outcome of a rev	iew 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 ground	ds 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 Ema	il:		

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.

ROR requests, complaints and appeals log



On receipt, all complaints/appeals are assigned a reference number and logged. Outcome and outcome date is also recorded.

The outcome of any review of results will be made known to the head of centre. A written record of the review will be kept and logged as an appeal, so information can be easily made available to an awarding body upon request. Documentation will be stored and retained securely by the Exams Officer.

Ref No.	Date received	Complaint or Appeal	Outcome	Outcome date