# Appeal Request Form



AQA City & Guilds CCEA OCR Pearson WJEC

#### Information for candidates

The details provided on this form will form the basis of any case being put forward on your behalf by the centre. Please pay particular attention to the section on the grounds for appeal. Refer to page 5 of the GMS Post-Results Services and Appeals Policy (Examinations Information - Post-Results Services on the website) and the JCQ document <u>A guide to the awarding bodies' appeals processes</u> to help you understand the grounds on which you can appeal.

# Please complete the following table:

Centre number: 52435	Centre name: Great Marlow School
Centre address: Bobmore Lane, Marlow, Bucks. SL7 1JE	Centre phone number: 01628 483752
Appellant name: Kevin Ford	Appellant position: Head of Centre
Appellant email: exams@gms.bucks.sch.uk	Exam series: Summer 2024
Candidate number:	Candidate name:
Subject title:	Component / unit:
Awarding body:	Qualification level:

## Please indicate what you are appealing:

	Appeal Type 1 The centre's decision not to	Post-Results Service
Appeal Type 1 The centre's decision not to support / submit a request for:		Preliminary Appeal
	support / submit a request for:	Appeal Hearing
Appeal Type 2	The outcome of a Post-Results Service	
Appeal Type 3	A finding of malpractice and / or the sanction imposed by the awarding body	
Appeal Type 4	A decision about access arrangement	ents, reasonable adjustments and / or
special consideration		
Appeal Type 5	Another administrative decision	

### Please indicate whether this appeal is:

Preliminary Appeal	Appeal Hearing	
(must be done before any Appeal Hearing)	(not possible for Appeal Types 1 or 5)	

	s Services on the website) <u>processes</u> to help you underst  nds an Appeal Hearing, there	and the grounds on whic	h you are allow
aised then <i>but not substan</i>	nive new evidence.		
Candidate signature:		Date:	
Candidate signature:		Date:	
	Name of payee:	Date:  Date fee paid:	Time fee paid:
	Name of payee:		Time fee paid:
Candidate signature: Fee amount paid: Appellant signature:	Name of payee:		Time fee paid:
Fee amount paid:	Name of payee:	Date fee paid:	Time fee paid:
ee amount paid: Appellant signature:	Name of payee:  xams@gms.bucks.sch.uk by	Date fee paid:  Date:	