 **CPC Post-Results Services**

Use this form to request reviews of results or a copy of the marked script for Certificates of Professional Competence (CPC) case study units or a clerical check for the multiple choice/on-screen units.

Before submitting this form, you must obtain the written consent of candidates. Candidates must be aware their marks and subject grades may be lowered following a review.

1. **Centre details**

|  |  |
| --- | --- |
| Centre number: |  |
| Centre name: |  |
| Tel: |  |
| Centre email: |  |

1. **Qualification details**

|  |  |
| --- | --- |
| Series: |  |

Unit:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Road Haulage: | R2 05689(Case Study) |  | R1 05680\*(Multiple Choice) |  | R3 05690\*(On-Screen) |  |
| Passenger Transport: | P2 05678(Case Study)  |  | P1 05677\*(Multiple Choice) |  | P3 05679\*(On-Screen) |  |

\*Service 1: Clerical check only

1. **Service required**

**Access to scripts**

|  |  |
| --- | --- |
| Copy of script (without review of results) |  |

**Reviews of results**

|  |  |
| --- | --- |
| Service 1: Clerical check |  |
| Service 2: Review of marking |  |
| Service 2a: Review of marking with individual report |  |
| Service 2b: Review of marking with group report |  |
| Copy of reviewed script (with review of results) |  |

See the OCR website at [www.ocr.org.uk/prs](http://www.ocr.org.uk/prs) for more information about each of the services.

1. **Candidate details**

|  |  |
| --- | --- |
| **Candidate name** | **OCR candidate number (8 digits)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

To be completed by Head of Centre or Exams Officer. By submitting this form, you commit to paying the appropriate fees (see the current fees at [www.ocr.org.uk/fees](http://www.ocr.org.uk/fees)).

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Date:** |  |

Please email this form to VQ.reviewofresults@ocr.org.uk