

Critical Thinking

Advanced GCE

Unit **F503**: Ethical Reasoning and Decision-Making

Mark Scheme for January 2011

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Guidelines for Annotating Scripts

The following annotations may be used:

D	Relevant use of Document
ED	Evaluation of Document
C	Criterion (question 3)
EC	Evaluation of criterion (question 3)
P	Use of principle (question 4)
EP	Evaluation of principle (question 4)
ALT	Consideration of alternative (question 4)
R	Resolution of issue (question 4)
IC	Intermediate conclusion
H	Hypothetical reasoning
CA	Counter-argument/assertion
RCA	Response to counter-argument
An	Analogy
Ex	Example
Ev	Evidence

Question 1

- (a) Suggest and briefly explain **one** problem with the reasoning in **Document 1** in **favour** of restricting the age at which women may receive IVF. [3]

3 marks	Clear explanation of a specific problem with this reasoning
2 marks	Vague or incomplete explanation of a specific problem with this reasoning
1 mark	Explanation of a generic or marginal problem
0 marks	No correct content.

Indicative Content

- The allegation that providing fertility treatment to elderly women is “a contravention of a child’s right to grow up with its parents” is based on the assumption that children have such a right. It is not identified as a basic human right in such sources as the United Nations Declaration (1948), and the author has not shown that it can be uncontroversially derived from a basic right.
- By focusing on an extreme case (a woman aged 70), the article fails to address the issue of whether more realistic age limits should be imposed.
- The claim in para 3 that “No woman was designed to have a baby at 70” is based on the assumptions that the human body was designed and that it is morally unacceptable to use human ingenuity to transcend natural physical limitations: many people would reject both of these assumptions.

Examples of 3-mark answers:

- By focusing on an extreme case (a woman aged 70), the article fails to address the issue of whether more realistic age limits should be imposed.
- The author assumes (or possibly claims) that a child has a “right to grow up with its parents,” but has not argued in favour of such a right.
- The author assumes (or possibly claims) that a child has a “right to grow up with its parents,” but many people probably do not agree that such a right exists.

Example of 2-mark answer:

- The author assumes that it is morally unacceptable to use human ingenuity to overcome natural physical limitations.

Examples of 1-mark answer:

- 70 is an extreme case.
- Use of emotive language.
- Lack of evidence.

Other valid answers should be credited.

*Do **not** credit “Document 1 is biased,” because arguing in favour of an opinion is not necessarily evidence of bias.*

*Do **not** credit “counter-argument.”*

- (b) Suggest and briefly explain **one** problem in using **Document 3** to **oppose** restricting the age at which women may receive IVF. [3]

3 marks	Clear explanation of a specific problem with this reasoning, inference or credibility
2 marks	Vague explanation of a specific problem with this reasoning, inference or credibility
1 mark	Explanation of a generic problem of reasoning, inference or credibility
0 marks	No correct content.

Indicative Content

- As Medical Director of an independent clinic providing IVF services, the author has a strong vested interest to present a case against the imposition of age limits, in order to maximise the activities and profit of the organisation for which she works.
- In para 1, the author assumes that the unborn baby does not have interests which need to be protected. Not everyone would agree with this.
- The evidence in para 2 from “countries where IVF is regularly given to women in their fifties” is biased (if medical opinion was against it, presumably it would not be regularly given).
- The evidence in para 2 from “countries where IVF is regularly given to women in their fifties” does not directly address cases of women over the age of 60/the specific case of a woman aged 70.
- In para 3, the fact that some women in their sixties look and feel young for their age implies neither that they will be able to cope with the challenges of motherhood nor that they can be confident of surviving until their child is grown up.
- The expression “unusual circumstances” in para 5 is vague, and does not necessarily refer to elderly parents.

Examples of 3-mark answers:

- The evidence in para 2 from “countries where IVF is regularly given to women in their fifties” begs the question, since if medical opinion was against it, presumably it would not be regularly given.
- The evidence in para 2 from “countries where IVF is regularly given to women in their fifties” is biased, since if medical opinion was against it, presumably it would not be regularly given.
- As “Medical Director” of an “independent fertility clinic”, the author has a vested interest to select evidence to oppose the imposition of age limits, in order to maximise the activities and profit of the organisation for which she works.
- The expression “unusual circumstances” in para 5 is vague, and does not justify the implication that children of elderly parents, in particular, are likely “to receive better-quality parenting.”

Examples of 2-mark answers:

- As “Medical Director” of an “independent fertility clinic”, the author has a vested interest to present the case against the imposition of age limits as favourably as possible.
- The fact that some women in their sixties “might look and feel very young “for their age is irrelevant.
- Obviously, if “IVF is regularly given to women in their fifties” in some countries, medical opinion there will be in favour of it.

Example of 1-mark answer:

- The author has a vested interest.

Other valid answers should be credited.

Question 2

Governments could decide to set a maximum age for women to receive IVF treatment. Suggest and briefly explain **two** problems in putting such a policy into practice. **[3+3]**

For each of two answers:

- 3 marks Clear explanation of a specific problem in implementing this policy
- 2 marks Vague or incomplete explanation of a specific problem in implementing this policy
- 1 mark Explanation of a generic or marginal problem
- 0 marks No correct content.

Indicative content

- Unless the limit is international, women who are desperate for a child may evade the restriction by travelling abroad for treatment.
- Unsafe “black market” facilities may arise to meet the unfulfilled need.
- Desperate women may support their application by false documentation.
- Clinics will have financial motives to collude with deception by women above the age limit.

Examples of 3-mark answers:

- Women over the age limit may support their application by false documentation, and clinics will have financial motives not to enquire too closely.
- Women over the age limit may succeed in misrepresenting their age by borrowing a birth certificate from a younger friend or relative.
- Unless the limit is imposed internationally, women over the age limit may evade the restriction by travelling abroad for treatment.
- It would be hard to set the age as some women would be in a better condition than others who are older to have the treatment. It would be unfair to stop women who are perfectly capable of having IVF treatment from having it but it would be wrong to let people who are incapable have it. This is because each individual case would differ so it would be hard to set the limit.

Example of 2-mark answer:

- Women may lie about their age.
- It would be hard to set the age as no two women are the same.

Example of 1-mark answer:

- Women may evade the restriction.
- It would be hard to set the age.
- The policy might be very unpopular with the public.

Other valid suggestions should be credited.

Partial performance

- 1 mark for problems caused by the policy.
- 0 marks for counter-argument.

Question 3

Fertility clinics could choose to provide IVF treatment to women up to the age of 60 but not older. Suggest **three** criteria (eg child welfare) and use them to evaluate this choice. [12]

The mark for this question will be the sum of the following:

- a mark out of 8 for Application and Evaluation of Selected Criteria to Choice
- a mark out of 4 for Quality of Argument

Level	Application and evaluation of selected criteria to choice		Quality of argument	
Level 4	7, 8	<ul style="list-style-type: none"> • Sound and perceptive application of 3 distinct and relevant criteria to the choice. • Firm understanding of how criteria might support and weaken the case for the choice and/or some evaluation of criteria. 	4	<ul style="list-style-type: none"> • Cogent and convincing reasoning, very well structured to express/evaluate complex ideas/materials. • Consistent use of intermediate conclusions. • Few, if any, errors of spelling, grammar, punctuation.
Level 3	5, 6	<ul style="list-style-type: none"> • Clear understanding of how 3 distinct criteria might support and/or weaken the case for the choice or clear understanding how 2 criteria might support and weaken the case for the choice and/or some evaluation of criteria. 	3	<ul style="list-style-type: none"> • Effective and persuasive reasoning. • Some clarity in expression of complex ideas. • Appropriate use of intermediate conclusions. • Relatively few errors of spelling, grammar, punctuation.
Level 2	3, 4	<ul style="list-style-type: none"> • Basic understanding of how 2 or 3 criteria might support or weaken support for the choice or clear understanding how 1 criterion might support and weaken the case for the choice. 	2	<ul style="list-style-type: none"> • Basic presentation of reasoning, including relevant points and conclusion(s). • Written communication fit for purpose, but containing significant errors of spelling, grammar, punctuation.
Level 1	1, 2	<ul style="list-style-type: none"> • At least one criterion applied to the choice or to the issue in a limited/simplistic manner. 	1	<ul style="list-style-type: none"> • Reasoning is sketchy and unstructured. • Communication may lack coherence and contain significant errors in spelling, punctuation and grammar.
Level 0	0	<ul style="list-style-type: none"> • No application of criteria to issue. 	0	<ul style="list-style-type: none"> • No discernible reasoning.

Candidates might show their understanding of how the criteria support or weaken the choice by referring to:

- ambiguity in the application of the criteria **and/or**
- why a criterion is **or** is not important in this case.

Indicative content

Suitable criteria which might be used to assess this choice include:

- Child welfare
- Women's welfare
- Family stability
- Cost to the community.

Other valid criteria should be credited.

- This choice satisfies the criterion of child welfare, by reducing the chance that a child's well-being will be compromised by an increased risk of genetic abnormality (Doc 4), by having elderly parents and perhaps by being orphaned at a young age. However, the children of some women in their late 50s would be no less at risk than those of some women in their early 60s.
- Although this choice fails to satisfy the criterion of women's welfare, by denying the chance of motherhood to a small number of women who want it, it could be argued that this failure is well justified and it is also to some extent offset by the reduced risk to these women's own health; furthermore, such a high age limit would make treatment available for almost everyone who wanted it. However, some women in their late 50s would be no less vulnerable than some women in their early 60s.
- It satisfies the criterion of family stability fairly well, by refusing to put children into a relatively unstable position, in which they may be bereaved at a young age. However, the children of some women in their late 50s would be no less at risk than those of some women in their early 60s.
- It satisfies the criterion of cost to the community, mainly by reducing the likelihood that children of elderly parents will become a charge on the community because of genetic abnormality and/or if their parents die before the children become old enough to look after themselves. However, the children of some women in their late 50s would be no less at risk than those of some women in their early 60s.

Quality of Argument

Typical indicators of Level 3 are:

- use of intermediate conclusions
- use of hypothetical reasoning.

Consistent and well-supported use of intermediate conclusions and/or hypothetical reasoning is an indicator of Level 4.

In addition to the indicators of Level 3, typical indicators of Level 4 are some of:

- use of relevant counter-argument with persuasive response
- use of relevant analogy
- use of relevant examples or evidence.

Question 4

Write an argument supporting any **one** choice which fertility clinics could make concerning which women they would accept for IVF treatment. You may use the choice referred to in question 3 or any other choice.

In your argument you should use some relevant principles and explain why you have rejected at least one **alternative** choice. Support your argument by referring critically to material from the resource booklet.

[36]

Mark by levels, according to the following table. Answers which satisfy at least one of the descriptors for a level will normally be awarded a mark within that level. Answers which fulfil all three descriptors of a level will receive a mark at or near the top of that mark-band, while answers which satisfy only one or two of the descriptors will receive a correspondingly lower mark within that mark-band.

The mark awarded for this question will be the sum of the following:

- Mark out of 12 for Identification and Application of Relevant Principles
- Mark out of 8 for Resolution of Issue
- Mark out of 8 for Use and Critical Assessment of Resource Documents
- Mark out of 8 for Quality of Argument.

This question is the provision for extended writing.

Level 4 in this question is the provision for Stretch and Challenge.

Principles

General principles have implications that go beyond the case in point. Different kinds of principle a candidate can refer to might include legal rules, business or working practices, human rights, racial equality, gender equality, liberty, moral guidelines.

Candidates are likely to respond to the choice by explaining and applying relevant ethical theories. This is an appropriate approach, provided the result is not merely a list or even exposition of ethical theories with little or no real application to the problem in hand. Candidates who deploy a more specific knowledge of ethical theories will be credited only for **applying** identified principles to the issue in order to produce a reasoned argument that attempts to resolve it. Candidates are **not** required to identify standard authorities such as Bentham or Kant, or even necessarily to use terms such as Utilitarianism etc, although they may find it convenient to do so; the word “however” is likely to deserve more marks than the word “deontological”.

NB The resource documents do not mention factors such as marital status or sexual orientation/preference, and the wording of the question does not specifically invite consideration of those factors, but if some candidates choose to discuss them, they may do so.

Alternatives

A simple contradiction of a choice (eg allow women over 60 to receive IVF) does **not** constitute an alternative choice.

Level	Mark	Identification and Application of Relevant Principles	Mark	Resolution of Issue	Mark	Use and Critical Assessment of Resource Documents	Mark	Quality of Argument
Level 4	10-12	<ul style="list-style-type: none"> • Skilful and cogent treatment and application of at least 3 principles or at least 2 major ethical theories. • Clear and purposeful exposition of how the principles might be more or less useful in resolving the issue. 	7, 8	<ul style="list-style-type: none"> • Confidently-expressed resolution of the stated issue on the basis of a persuasive account of the arguments in favour of both sides. • Perhaps an awareness that the resolution is partial/provisional. • Clear and valid judgments made in coming to an attempted resolution. 	7, 8	<ul style="list-style-type: none"> • Perceptive, relevant and accurate use of resource material to support reasoning. • Sustained and confident evaluation of resource material to support reasoning. 	7, 8	<ul style="list-style-type: none"> • Cogent and convincing reasoning. • Well-developed suppositional reasoning. • Communication very well suited to handling complex ideas. • Consistent use of intermediate conclusions. • Meaning clear throughout. • Frequent very effective use of appropriate terminology. • Few errors, if any, in spelling, grammar and punctuation.
Level 3	7-9	<ul style="list-style-type: none"> • At least 2 relevant principles or theories accurately identified, explained and applied. • Clear exposition of how the principles might be more or less useful in resolving the issue. 	5, 6	<ul style="list-style-type: none"> • Generally confident and developed treatment of the stated choice. • Some consideration of at least one alternative. • Clear attempt to resolve the issue. 	5, 6	<ul style="list-style-type: none"> • Relevant and accurate use of resource material. • Some evaluation of resource material. 	5, 6	<ul style="list-style-type: none"> • Effective and persuasive reasoning. • Some suppositional reasoning. • Clear and accurate communication. • Appropriate use of intermediate conclusions. • Frequent effective use of appropriate terminology. • Few errors in spelling, grammar and punctuation.

Level	Mark	Identification and Application of Relevant Principles	Mark	Resolution of Issue	Mark	Use and Critical Assessment of Resource Documents	Mark	Quality of Argument
Level 2	4-6	<ul style="list-style-type: none"> At least 2 relevant principles identified or a well-developed discussion of 1 principle. Basic application of principles to the issue. 	3, 4	<ul style="list-style-type: none"> Basic discussion of the issue. 	3,4	<ul style="list-style-type: none"> Some relevant and accurate use of resource material, which may be uncritical. 	3, 4	<ul style="list-style-type: none"> Limited ability to combine different points of view in reasoning. Perhaps some suppositional reasoning. Some effective communication. Some use of appropriate terminology. Fair standard of spelling, grammar, punctuation, but may include errors.
Level 1	1-3	<ul style="list-style-type: none"> Some attempt to identify at least one principle and to apply it to the issue. 	1, 2	<ul style="list-style-type: none"> Limited discussion of the issue. 	1,2	<ul style="list-style-type: none"> Very limited, perhaps implicit, use of resource material. 	1, 2	<ul style="list-style-type: none"> Limited ability to produce coherent reasoning. May contain significant errors in spelling, punctuation and grammar.
Level 0	0	<ul style="list-style-type: none"> No use of principles. 	0	<ul style="list-style-type: none"> No discussion of the issue. 	0	<ul style="list-style-type: none"> No use of resource material. 	0	<ul style="list-style-type: none"> No discussion of the issue.

Maximum Level 1 for Identification and Application of Relevant Principles for anyone who only re-cycles criteria from question 3 as principles.

Maximum Level 2 for Use and Critical Assessment of Resource Documents for anyone who uses the documents uncritically.

Quality of Argument

Typical indicators of Level 3 are:

- use of intermediate conclusions
- use of hypothetical reasoning.

Consistent and well-supported use of intermediate conclusions and/or hypothetical reasoning is an indicator of Level 4.

In addition to the indicators of Level 3, typical indicators of Level 4 are some of:

- use of relevant counter-argument with persuasive response
- use of relevant analogy
- use of relevant examples or evidence.

Indicative Content

Credit must be given to any argument based on a principle in the sense outlined in the preceding note. Principles of that kind might include:

- The duty not to harm children.
- It is good to have children.
- Children need parents.
- People should [be allowed to] have children only if they can guarantee to give them a secure and loving home until they reach adulthood.
- “Just because the technology is there doesn’t mean we should necessarily use it.” (Doc 1)

The best answers are likely to appeal to two or three of the following ethical principles and theories, which are susceptible of fuller development.

Probably the most likely principle to which appeal may be made is the Utilitarian slogan, “[we should aim to produce] the greatest good of the greatest number”. The key factors which should be considered in a Utilitarian calculation are the happiness of the woman who gives birth to a baby (compared with her unhappiness at her previous childlessness, the dangers to her own health posed by pregnancy and the risk of increased unhappiness if the treatment fails), the happiness of a child who on balance probably has a happy life and the risk of unhappiness caused by genetic abnormality or early bereavement. The best candidates may legitimately differentiate between Average Utilitarianism (which takes into account only persons already born) and Total Utilitarianism (which attributes value to the birth of persons who will live a happy life). It is so rare for a life to be not worth living that the birth of a child almost invariably leads to an increase in the total amount of happiness. This approach should almost certainly conclude that no age limits should be imposed on women seeking fertility treatment.

Choices relating to this subject can also be expressed as a conflict of rights. Candidates may set the right of procreative autonomy (the right to marry and found a family) and/or the right of family privacy over against a child’s right to a stable family environment. They may legitimately discuss whether the right of procreative autonomy is a liberty or claim right and whether under modern conditions the right to found a family is separate from the right to marry or is dependent on being in a committed exclusive relationship.

Candidates who approach the choice from the perspective of duty may appeal to Kant’s Categorical Imperative. The first version, “Act according to that maxim which you can will to be a universal law” could be used to support imposing age restrictions, since no one is likely to want all elderly women to have babies. A modified Kantianism could support assisting everyone to conceive who wishes to do so. The second version, that we should always treat persons as ends, and not as means only, could be used to argue in favour of restrictions, since in cases of this kind children are apparently being treated primarily as means to their mother’s end.

The content of any appeal to Divine Command ethics would vary according to which religion such commands were drawn from, but principles which could legitimately be applied to this subject include:

- The religious duty to found a family.
- The belief that God controls fertility.

Although Natural Law regards procreation and the perpetuation of the species as a basic natural good, it is opposed to fertility treatments which unnaturally separate human reproduction from sexual intercourse within marriage. Anyone who took this approach should favour not allowing such treatments to anyone, but they might legitimately regard extending it to elderly women as even more objectionable than other cases.

Behind the Rawlsian Veil of Ignorance, one might be a woman who wants a child but cannot conceive naturally or a child who might or might not be affected by a genetic abnormality, with an elderly mother who might or might not die before one had reached adulthood. It would probably be rational to allow fertility treatment to elderly women on this basis.

Indicative content on evaluation of resources

NB These comments are presented separately for the convenience of markers and teachers. Credit will be given to material of this kind in candidates' answers only if it is used in support of their discussion of the issue.

Document 1:

Dr Stoppard has some expertise, because she is medically qualified, but she also has a vested interest as a journalist to present controversial opinions which will win the interest of readers. She is unlikely to argue against the conservative (*not* Conservative) editorial stance of the newspaper, which appeals mainly to older working-class readers, who are suspicious of most innovations.

Document 2:

This information should be reliable, because the source has expertise, ability to see and no motive to misrepresent the truth.

Document 3:

This document is influenced by the vested interest of its author to support the activity which pays her salary.

Document 4:

According to its own claims, this website has excellent reputation, expertise and ability to see. Its vested interest to present information in favour of its advertisers is probably outweighed by the vested interest to attract users by giving accurate data. By stating the increased risks but pointing out that most pregnancies and births are not affected by them, the document shows neutrality.

Specimen Level 4 answer (839 words)

Two persuasive principles of everyday living are that people should be free to spend their own money how they please and that – except for the fundamental necessities of life – people should be able to have good things only if they choose (and are able) to pay for them. Since having a child is not a necessity, these principles support a policy of providing fertility treatment to those who can afford it, in preference to imposing an age restriction. A similar common-sense principle is that people should be able to earn their living by supplying any service which is not socially harmful: this, too, supports the policy of providing fertility services to all who can afford it, irrespective of age.

The right of procreative autonomy is almost universally acknowledged, but different people interpret it in different ways. Only political extremists support compulsory sterilisation or punishing couples who have more than one child, but many (such as Dr Stoppard in Doc 1) would demur at extending this right to free access to IVF and other artificial means of reproduction. The United Nations Declaration of Human Rights linked founding a family with the “right to marry”, but as a result of changes in thinking since 1948, most people would now agree that a couple does not need to be married in order to have the right to found a family, and some claim that a woman has the right even if she is not in an intimate relationship. Providing fertility treatment to everyone who can afford it fulfils a moderate version of the right to procreative autonomy, whereas under current conditions imposing an age limit would arguably deprive some women and couples of that right.

Hedonistic Utilitarianism approaches all issues on the principle that one should seek to achieve the greatest happiness of the greatest number. The parties who are directly concerned in this issue are women or couples who want children but are unable to have them naturally and the children who might be born to them by means of assisted reproduction. The happiness of all these would be increased by a policy of making fertility treatment widely available, although it is important to recognise the increased risk of genetic abnormality and chances of health problems for the woman (Doc 4) and that – as the authoritative NHS website (Doc 2) points out – that there is no guarantee that treatments will be successful, and the chances of success in the case of older women are greatly reduced; repeated failure can cause great distress to the people concerned.

Since almost all children can expect a life which is happy on balance, it is a benefit to them to be born, and neither an increased risk of genetic abnormality nor the disadvantages of having elderly parents, including an increased risk of early bereavement, nullifies that benefit. Although the author of Doc 3 has a strong vested interest to present the evidence in favour of maximising the availability of fertility treatments, her claim that there are very few risks to an older woman or her baby are confirmed by Doc 4, which has no obvious vested interest to understate the problems.

This approach would support a policy of making fertility treatment available to all who wanted it, irrespective of age or ability to pay. However, it also implies that all fertile adults should have as many children as they can, right up to the point where the earth is so over-crowded that the birth of an additional child will actually reduce the overall sum of happiness: this conclusion is so counter-intuitive as to suggest that there is something wrong with the principle.

Preference Utilitarianism might in principle support making fertility treatment available to as many women and couples as want it, because this would help to satisfy their preferences. It is also possible to argue that this policy fulfils the preferences which unconceived children would have if they were capable of having a preference; this can be taken into account retrospectively, since almost everyone – even those who are severely handicapped – is glad they were conceived and born. However, it is likely that most tax-payers would not choose to use public funds to pay for such treatment in preference to other expenditure or a reduction in taxation, unless the cost was easily bearable or there was a clear need to increase the birth rate in a particular ageing society. From this perspective, therefore, the best policy is to provide fertility treatment to those who can afford to pay for it, without age limit.

The every-day principles identified in my first paragraph, human rights and (under most conditions) Preference Utilitarianism all favour a policy of making fertility treatments available to all who can afford them. Hedonistic Utilitarianism also opposes restricting access on the basis of age: although it implies a slightly different specific conclusion, I have explained why that conclusion should be resisted. I therefore recommend that fertility clinics should provide assistance to everyone who can afford it, irrespective of the age of the prospective mother.

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