

Please complete this form using **BLOCK CAPITALS**

Use this form to submit an appeal, whether on behalf of a Learner or a Centre. Anyone making an appeal should read the Qualsafe Awards *Appeals Policy*. Email the complete form to appeals@qualsafeawards.org

Centre details

Centre name: _____ Centre number: _____

Contact name: _____ Position: _____

Centre address: _____

_____ Postcode: _____

Tel: _____ Email: _____

Qualification

Qualification title: _____

Course/assessment date: _____

Details of Learners affected (continue on separate sheet if needed)

Learner name: _____ Learner ULN (if applicable) _____

Learner address: _____

_____ Postcode: _____

Learner appeal (tick as appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Assessment result/decision | <input type="checkbox"/> Special Consideration/Reasonable Adjustment Decision |
| <input type="checkbox"/> Findings of Malpractice/Maladministration Enquiry | <input type="checkbox"/> Other (please give details below) |

Please detail reasons for appeal (continue on separate sheet if required)

Centre appeal (tick as appropriate)

- | | |
|--|--|
| <input type="checkbox"/> Centre application | <input type="checkbox"/> Provision of qualification decision |
| <input type="checkbox"/> Decision external | <input type="checkbox"/> Findings of Malpractice/Maladministration Enquiry |
| <input type="checkbox"/> Internal Quality Assurer Report | <input type="checkbox"/> Other (please give details below) |

Please detail reasons for appeal (continue on separate sheet if required)

Supporting documentation attached? Yes No

Appeals Form



Qualsafe Awards use only

Date form received: _____ Any action necessary? Yes No

Date action taken: _____ Date appeal closed: _____

Signed (Qualsafe Awards): _____ Date: _____