



Please complete this form using **BLOCK CAPITALS**

This form is to be used to submit any Appeal, whether on behalf of a learner or a Centre. Anyone making such an Appeal should first read the Qualsafe Awards Appeals, Enquiries & Complaints Policy.

## Centre Details

Centre Name: \_\_\_\_\_ Centre Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Centre Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

## Details of Learner(s) Affected

Learner name: \_\_\_\_\_ Learner ULN (if applicable): \_\_\_\_\_

Learner address: \_\_\_\_\_

Postcode: \_\_\_\_\_

## Learner Appeal (Please 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 <small>(please give details below)</small>     |

## Centre Appeal (Please tick as appropriate)

- |   |  |
|---|--|
| <input type="checkbox"/> Centre Application Decision                      | <input type="checkbox"/> Provision of Qualification Decision               |
| <input type="checkbox"/> External Verifier Report                         | <input type="checkbox"/> Findings of Malpractice/Maladministration Enquiry |
| <input type="checkbox"/> Other <small>(please give details below)</small> |  |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supporting documentation attached? Yes  No

### Qualsafe Awards Use Only

Date form received: \_\_\_\_\_

Date action taken: \_\_\_\_\_

Signed (Qualsafe Awards): \_\_\_\_\_

Any action necessary? Yes  No

Date Appeal closed: \_\_\_\_\_

Date: \_\_\_\_\_