

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 Qualseafe Awards Appeals Policy. Email the complete form to [appeals@qualseafeawards.org](mailto:appeals@qualseafeawards.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)

- Assessment result/decision  Special Consideration/Reasonable Adjustment Decision  
 Findings of Malpractice/Maladministration Enquiry  other (please give details below)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Centre appeal (tick as appropriate)

- Centre application  Provision of qualification decision  
 Decision external  Findings of Malpractice/Maladministration Enquiry  
 Internal Quality Assurer Report  Other (please give details below)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting documentation attached? Yes  No

# Appeals Form



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## Qualsafe Awards Use Only

Date form received: \_\_\_\_\_ Any action necessary? Yes  No

Date action taken: \_\_\_\_\_ Date appeal closed: \_\_\_\_\_

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