



ASSESSMENT APPEAL APPLICATION FORM

Applicant Details:

Name of Appellant:

Address:

Post Code:

Telephone No: email:

Qualification(s) / Unit(s) under appeal:

Grounds for Appeal:

1 You feel the assessment judgement has been made incorrectly: ☐

2 You feel the judgement was not made in accordance with the assessment plan: ☐

Name(s) of Assessor(s):

Have you requested the Assessor(s)

to reconsider the assessment decision?

Yes ☐

No ☐

Please outline briefly below the reasons for your appeal and the action you would like taken:

.....

.....

.....

Signature: Date:

Acknowledgement Slip (Will be returned when the Appeal Application Form has been received and the appeal forwarded to an Appeals Panel (or to an independent technical expert) for resolution. You will be contacted for further evidence, information and clarification.

To be completed by Applicant:

Name:

Address:

Post Code:

Phone No:

email:

This is to notify you that your Assessment Appeal has now been referred to the Assessment Appeal Process.

Signature: Date: