**APPEAL OF ASSESSMENT MALPRACTICE APPLICATION FORM**

**Appeal of Assessment Malpractice Application Form**

**Instructions**

Please complete **all** parts of this form in BLOCK letters. Send it to the relevant designated person who communicated with you in relation to the assessment malpractice finding. Please do this within a **defined** timeframe (recommended timeframe: five (5) working days) from the date of their letter.

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| **PART A:****This section must be completed by the Learner** |
| Name: |  |
| Address: |  |
| Reference Number (you will find this on your letter): |  |
| Contact Number: |  |
| Email address: |  |

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| **Reason for your appeal (please tick one box only)** |
| Malpractice was not dealt with in line with the Provision procedures | [ ]  |
| Regulations did not adequately cover the circumstances around the malpractice | [ ]  |
| New information is now available that was not available to the investigation | [ ]  |

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| **Please explain your reason for this appeal application:** |
|  |
| Print Name: |  |
| Signature: |  | Date: |  |

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| **Part B:** **Office Use****This section must be completed by the relevant Provision Co-ordinator or designated person** |
| Name: |  |
| Receipt date of application: |  |
| Application: | I can confirm that a review of the Application has been completed and that the Appeal isGranted [ ] Declined [ ]  |
| Reason: |  |
| Signature: |  |
| Date: |  |