

Appeals Application (AP-01)



Learner Details:

Learner Name: _____

Learner Address: _____

Post Code: _____ Telephone Number(s): _____

Email Address: _____ Date of Birth: _____

Course Details:

Course/Qualification Title: _____ Course Dates: _____

Course Location: _____

Assessment Details:

Assessment Type: **Theory Assessment:** **Practical Assessment:** **Worksheet:** **Other:**

Assessment Date: _____ Assessor Name: _____
(if known)

Assessment Title: _____

Appeal Details:

Please use the space below to outline the reasons why you wish to appeal against your assessment outcome/decision. Please be as clear as possible with your motives and provide as much supporting evidence as is possible. In cases where the appeal pertains to a practical assessment, video evidence and/or witness testimonies will need to be provided.

Appeal Details Cont:

Declaration:

I sincerely believe that the facts and evidence stated in this appeals application are true.

Name: _____ Sign: _____ Date: _____

HFE Use Only:

Date Appeal Received: _____ Internal Quality Assurer (IQA) Name: _____

IQA Findings:
(attach additional
report if required)

Appeal Upheld:

Appeal Overturned:

IQA Print: _____ IQA Sign: _____ Date: _____

Important Note: Please ensure that a copy of the correspondence informing the candidate of the appeal outcome is stored with this application form.