

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: _____ Venue/Location: _____

Assessment Title: _____ Assessor Name: _____

Reason for Appeal:

Please select from the list below the reason why you are appealing your assessment decision/outcome:

Disadvantaged: I did not receive the same assessment standard/quality as other learners in attendance and was unfairly disadvantaged.

Incorrect outcome: I feel that I fully met the requirements of the assessment and the assessor did not award the correct grade/outcome.

Please select from the boxes below, what evidence you are supplying to support your appeal:

Video recording

Witness testimony

Other (please specify):

Important Note:

Without video evidence, we will not be able to retrospectively change any assessment grade/outcome that has been awarded by an assessor. This is not a HFE policy, but is mandated by our regulators.

Details of Appeal:

Using the text box on the following page, please outline the specific reasons why you are appealing against your assessment outcome/decision. Please be as clear as possible with the information you supply and where possible, make specific reference to the evidence that supports your appeal (e.g. time in the video where you performed the task/s that your assessor notes you have missed).

Appeal Details:

Learner Checklist:

Please confirm that you can completed all of the following before submitting your appeal:

Read and understood the Assessment Appeals Policy - Learner Guidelines.

Provided a full and detailed account of why you believe you were disadvantaged/ incorrectly assessed.

Provided appropriate evidence to support this appeal.

Learner Declaration:

I hereby confirm to the best of my knowledge that the information that I have supplied in this appeal is true and accurate.

Learner Print: _____

Date: _____

Note: Please send this Appeal Application Form from the email address you supplied on enrolment as we will use this to authenticate your appeal.

HFE Use Only:

Date Appeal Received: _____

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 learner of the appeal outcome is stored with this application form.