This application must be submitted within *10 working days* of the outcome of the Enquiry.

# Section A – About the Appeal

|  |  |
| --- | --- |
| **Reference number from the Enquiry** |  |
| **Date of Enquiry outcome** |  |
| **Provider name** |  |

|  |
| --- |
| **Please clearly detail the specific reason for your appeal** |
|  |

|  |
| --- |
| **Please use this space for any supporting information** |
|  |

# Section B – Declaration

|  |  |  |
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|  |  | **Please tick** |
| I understand that the provider/employer submitting the appeal will be invoiced on receipt of this application. |  |
| I understand that the final grade awarded to the learner following this Appeal may be lower than, higher than, or the same as the grade originally awarded. |  |
| I understand that if the appeal finds that appropriate processes, procedures or policy were not followed, the fee will be refunded. |  |
| I am authorised to submit this Appeal.  |  |
|  |  | **PO Number** |
| Please add Purchase Order Number if your organisation uses them. |  |

|  |  |
| --- | --- |
| **Signature**  |  |
| **Date** |  |

|  |
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