

Learner Appeals Application Form

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To view and use this form correctly, you will need Adobe Reader 8 or above. Download the latest version from the Adobe website at:

<http://www.adobe.com>

Learner details

Name:	<input type="text"/>
Address:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>

Centre details

Centre name:	<input type="text"/>
Centre code:	<input type="text"/>
Venue address:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
Centre contact:	<input type="text"/>
Centre IQA:	<input type="text"/>
Assessor:	<input type="text"/>

Assessment details

Qualification name:	<input type="text"/>
Assessment date:	<input type="text"/>

Appeal summary

Please summarise your reason(s) for appeal:

Learners should attach a photocopy of all the final assessment documentation and any accompanying written report detailing the reason for appeal

CYQ undertake to initiate the formal appeals procedure within 14 working days

Payment details

- I agree that CYQ will immediately charge me £50 for this appeal and that if the appeal is upheld this will be refunded.
- Request invoice
- Cheque (enclosed)
- Credit / debit card

Credit / debit card call back

If you have selected to pay using a credit or debit card, please complete the following section and we will call you to take payment over the telephone

Phone number:

Preferred call back time:

Invoice details

Mark for attention of:	<input type="text"/>
Invoice address (if different from previous - please ensure it is the same as cardholder address)	<input type="text"/>
Postcode:	<input type="text"/>

Declaration

- I have read and understood the CYQ appeals procedures document and wish to proceed with registration of an appeal against the EV decision. I understand that the £50 fee will be refunded if my appeal is upheld.

Name:

Date: