

Learner Appeals Form

Learners must complete this form and submit it to the Designated Appeals Officer within 14 days of the assessment decision.

Learner's name	
Address	
Email address	
Contact number	
Date of assessment	
Date appeal submitted	
Name of assessor against whose decision the appeal is being made	

Describe the reasons for your appeal as fully as possible. Please include **copies** of any associated documents (e.g., learner evidence, record of achievement, observation checklists, feedback from the assessor etc.). Learners should retain a copy of this form.

Type of assessment and details of original assessment decision	
Reason for the appeal	
Learner signature	
Date	

To be completed by the Designated Appeals Officer.

Date of appeal investigation			
Investigation details			
Outcome (tick one only)			
Uphold original assessment decision			<input type="checkbox"/>
Offer the learner an opportunity for a reassessment (free of charge)			<input type="checkbox"/>
Overturn original assessment decision			<input type="checkbox"/>
Other actions relating to outcomes (give details)			
Designated Appeals Officer signature		Date	
Learner signature ¹		Date	

¹ Signing this form does not necessarily indicate agreement with the decision but is an acknowledgement of receipt of the outcomes.