

Learner Appeal Against Assessment Decision

Section 1: Learner Details

Information	Details
Learner Name	
Learner ID Number	
Qualification Title	
Unit/Module Title	
Assessment Reference Number	
Assessor Name	
Date Assessment Decision Issued	
Date Appeal Submitted	
Contact Telephone Number	
Email Address	

Section 2: Details of Assessment Decision Being Appealed

Please provide details of the assessment decision you wish to appeal. Assessment Method (tick as applicable):

- ☐ Written Assignment
- ☐ Examination/Test
- ☐ Observation
- ☐ Professional Discussion
- ☐ Portfolio Evidence
- ☐ Practical Assessment
- ☐ Other: _____

Assessment Outcome:

- ☐ Pass
- ☐ Refer
- ☐ Fail
- ☐ Other: _____

Describe the assessment decision you are appealing:

Assessment Decision Appeal Form

Section 3: Grounds for Appeal

Please explain clearly why you believe the assessment decision should be reviewed. Include any relevant information and reference any evidence that supports your appeal.

Attach additional sheets if necessary.

Section 4: Supporting Evidence

Please list any supporting evidence submitted with this appeal.

- ☐ Assessment feedback
- ☐ Marked assessment work
- ☐ Witness statement
- ☐ Medical evidence
- ☐ Extenuating circumstances documentation
- ☐ Correspondence/emails
- ☐ Other (please specify):

Section 5: Learner Declaration

I confirm that:

- The information provided in this appeal is accurate and truthful.
- I understand that the appeal will be considered in accordance with the centre's Appeals Policy and Procedure.
- I understand that the outcome of the appeal may uphold, amend, or overturn the original assessment decision.

Learner Signature: _____

Date: _____

Internal Use Only**Stage 1 Appeal Review**

Reviewed by:

Name: _____

Position: _____

Date Received: _____

Outcome:

☐ Appeal Upheld☐ Appeal Partially Upheld☐ Appeal Not Upheld

Summary of Findings:

Actions Required:

Reviewer Signature: _____

Date: _____

Assessment Decision Appeal Form

Stage 2 Appeal Review (If Applicable)

Reviewed by:

Name: _____

Position: _____

Date: _____

Outcome:

☐ Appeal Upheld

☐ Appeal Partially Upheld

☐ Appeal Not Upheld

Panel/Reviewer Comments:

Reviewer Signature: _____

Date: _____

Final Outcome Notification

Date Learner Notified: _____

Notification Method:

☐ Email

☐ Letter

☐ Meeting

☐ Telephone

Final Outcome:

Authorised Signature: _____

Date: _____
