

Appeals Form



Please complete this form using **BLOCK CAPITALS**

Use this form to make an appeal on behalf of a learner. This form should only be completed after reading document QA2 Appeals, Enquiries and complaints policy.

Centre Details

Centre name: Singleton Training Services Ltd

Centre number:

Contact Name: Nigel Singleton

Position: Director

Address: The Training Hub, Unit 14 Deacon Rd Business Park, Deacon Rd, Lincoln. LN2 4JB

Tel: 01522 300161

Email: nigel@singleton-associates.org

Details of Learner Making Appeal

Learner name: _____

Learner Address: _____

Learner Appeal

Assessment result/decision	
Findings of malpractice	
Reasonable adjustments	
Other (please state):	

Centre Appeal

Centre Application Decision	
External Verifier Report	
Provision of Qualification Decision	
Findings of Malpractice Enquiry	
Other (please state):	

Please detail reasons for appeal: _____

