This application must be submitted within *10 working days* of the date the result was issued.

# Section A – About the Enquiry

|  |  |  |
| --- | --- | --- |
|  |  | *Please tick* |
|  |  | **Provider** | **Learner** |
| A | Enquiries about results for an external assessment (including end-point assessment) |  |  |
| B | Outcome of external quality assurance decisions of internally marked assessments |  |  |

# Section B – About the learner

Where the application relates to a whole cohort, please skip to section C.

|  |  |
| --- | --- |
| **Full name** |  |
| **Address** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Date of birth**  |  |

# Section C – About the course

|  |  |
| --- | --- |
| **Provider name**  |  |
| **Course run ID** (where applicable) |  |
| **Qualification/ apprenticeship standard** |  |
| **Unit/ component** |  |
| **Date/ time of assessment** (where applicable) |  |
| **Date result issued** |  |

# Section D – Reason for the enquiry

|  |  |  |
| --- | --- | --- |
|  |  | *Please tick* |
| **Administration check** | Check that all marks have been recorded and added up correctly. |  |
| **Review of marking** | Check that the marker has marked the assessment correctly (includes administration check). |  |

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

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

# Section E – Declaration

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick** |
| 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 the provider will be invoiced on receipt of this application. |  |
| 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.  |  |

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

# Section F – Payment

|  |  |  |
| --- | --- | --- |
| **Providers** |  | **PO Number** |
| Providers enquiring about results on behalf of a learner will be invoiced on receipt of this application. If the provider has uses Purchase Order Numbers, please provider the relevant Purchase Order number for the enquiry. |  |

|  |  |  |
| --- | --- | --- |
| **Learners** |  | **Please tick** |
| **Preferred method of payment** | Debit Card Payment |  |
| Credit Card Payment |  |
| To make a card payment please provide your email address below. We will email you a secure link to submit your card details.  |
| **Email address** |  |
| **Internet Banking** | **Cheque/ Postal Order** |
| You will need an Internet Banking facility to use this payment method. Internetbanking payments to Open Awards, Sort Code: 01-01-97Account Number: 21078025Please quote your name in the ‘Reference Box’. | Made payable to Open Awards. Please send cheques/Postal Order and a copy of your ID to:Open Awards17 De Havilland DriveEstuary Commerce ParkSpeke, Liverpool, L24 8RN. |

|  |
| --- |
| All information provided on this form will be held securely on our database and only used for the purposes provided. Full details on how we use and protect your data are available in our [Privacy Notice.](http://openawards.org.uk/privacy-policy/) Open Awards tries to meet the highest standards when collecting and using personal information. Customers are encouraged to email info@openawards.org.uk if you believe any data to be incorrect, unfair, misleading or inappropriate. |