This application must be submitted within *10 working days* of being notified of the decision.

# Section A – About the provider

|  |  |
| --- | --- |
| **Provider name**  |  |
| **Provider number** |  |
| **Date of Open Awards review**  |  |
| **Date of assessment (where applicable)** |  |
| **Date Open Awards notified the provider of the decision** |  |

# Section B – Scope of the Enquiry

|  |
| --- |
| **Please list the qualifications affected where you disagree with the status**  |
|  |

|  |
| --- |
| **Reasons for the Enquiry**Your explanation must include: * clear statements identifying the specific reasons for the Enquiry
* a clear and full account of your reasons for disagreeing with the decision(s) made.
 |
|  |

# Section E – Declaration

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick** |
| I understand that the provider will be invoiced on receipt of this application. |  |
| I understand that if the enquiry finds that appropriate processes, procedures or policy were not followed, the fee will be refunded. |  |
| I am authorised by the provider to submit this Enquiry.  |  |
| Please add Purchase Order Number if your organisation uses them. | **PO Number** |
|  |

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

|  |
| --- |
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