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

# Section A – About the Appeal

**Type of decision you would like to appeal**

|  |  |
| --- | --- |
|  | *Please tick* |
|  | **Provider** | **Learner** |
| Outcome of an enquiry into the external quality assurance decisions of internally marked assessments  |  |  |
| Outcome of an enquiry into the provider’s risk rating or withdrawal of approval for qualification(s)/ all provision |  |  |
| Appeal against the outcome of an application for reasonable adjustments or special consideration |  |  |
| Malpractice decision or sanction resulting from an investigation |  |  |
| Appeals against Access to HE Diploma results |  |  |

|  |  |
| --- | --- |
| **Reference number (if applicable)**  |  |
| **Date of notification of the decision** |  |
| **Provider name** |  |

# Section B – For Appeals about Access to HE Diploma results

If the application does not relate to Access to HE Diploma results, please skip to section D.

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

|  |
| --- |
| **Provider Details** |
| **Provider name**  |  |
| **Course run ID** |  |
| **Qualification title** |  |
| **Unit** |  |
| **Date result issued** |  |

# Section C – Reason for the appeal

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

|  |
| --- |
| **Please use this space for any supporting information**(Additional documents can be provided) |
|  |

# Section D – Declaration

**To be completed by a provider appealing an Open Awards decision. For a learner submitting an appeal against Access to HE Diploma results, please skip to section C.**

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick** |
| I understand that there is a fee attached to appeals in line with Open Awards [pricing information](https://openawards.org.uk/centres/pricing-information/). Section E must be completed for Open Awards to process the appeal. |  |
| I understand that if the appeal finds that appropriate processes, procedures or policy were not followed, the fee will be refunded. |  |
| For appeals against Access to HE Diploma results, I understand that grades awarded to the learner following this appeal may be lower than, higher than, or the same as the grade originally awarded. |  |
| I am authorised to submit this appeal.  |  |

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

# Section E – 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. |

|  |
| --- |
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