Provider enquiry form

Before you complete this form, we recommend you read through our Enquiries policy and process as this contains some very important information on the grounds for an enquiry and the enquiry process.

This document can be found on our website, [www.innovateawarding.org](file://INNFAP01/InnovateAwarding/Operations/Appeals/Key%20documents%20and%20logs/www.innovateawarding.org)

Completing the form

* This form should be completed and submitted within ten working days of the decision or outcome that you want to enquire about
* Please answer all the questions (if there isn’t room on the form to put all the information, then use additional sheets of paper)
* Don’t forget to attach any written documentation or evidence to support your enquiry
* If handwritten, please write in BLOCK CAPITALS
* Once completed, please post the form to:

Head of Compliance

Innovate Awarding,

Block F

291 Paintworks

Arnos Vale

Bristol

BS4 3AW

Or email to: [contactus@innovateawarding.org](mailto:contactus@innovateawarding.org)

Got a question?

If you are not sure how to complete any part of this form, or you have a question, please contact us on 0117 314 2800 or email [contactus@innovateawarding.org](mailto:contactus@innovateawarding.org)

|  |  |
| --- | --- |
| Provider name |  |
| Provider address |  |
| Provider telephone number |  |
| Your name |  |
| Your job title |  |
| Your daytime telephone number |  |
| Your mobile number |  |
| Your email address |  |
| Details of the enquiry |  |
| Qualification/Standard name or title |  |
| Unit name (if applicable or known) |  |
| Unit number (if applicable or known) |  |
| Date of action/decision which you are enquiring against |  |
| Desired outcome of this enquiry to Innovate Awarding (what would you like to happen as a result of the enquiry?) |  |

I confirm that, to the best of my knowledge, the information within this Provider enquiry form is true and correct.

|  |  |
| --- | --- |
| Signed\* |  |
| Date |  |

\*Submission by email from a centre’s email address will be accepted in place of a signature

Please print this form and post (with any attachments) to:

Head of Compliance, Innovate Awarding, Block F, 291 Paintworks, Arnos Vale, BS4 3AW or email it (with any attachments) to: [contactus@innovateawarding.org](mailto:contactus@innovateawarding.org)