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:///%5C%5CINNFAP01%5CInnovateAwarding%5COperations%5CAppeals%5CKey%20documents%20and%20logs%5Cwww.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 email the form to: compliance@innovateawarding.org or post the form to:

Compliance team

 Innovate Awarding

 Block F

 291 Paintworks

 Arnos Vale

 Bristol

 BS4 3AW

**Got a question?**

If you are not sure how to complete any part of this form, or you have a question, please contact us at compliance@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:

Compliance Team, Innovate Awarding, Block F, 291 Paintworks, Arnos Vale, BS4 3AW or email it (with any attachments) to: compliance@innovateawarding.org