Enquiry Form - Qualifications

Before you complete this form, we recommend you read through our ‘Appeals Policy and Process - Qualifications’ as this contains important information on the grounds for enquiries, appeals and the process. This document can be found on our website, [www.innovateawarding.org](http://www.innovateawarding.org)

# Completing the form

This form should be completed and submitted within **10** working days of the decision or outcome that you want to appeal against.

* Please answer all the questions (Please use additional pages if required)
* Attach any written documentation or evidence to support your appeal if appropriate
* If handwritten, please write in BLOCK CAPITALS

**Once completed, please email to:** [compliance@innovateawarding.org](mailto:compliance@innovateawarding.org)

|  |  |
| --- | --- |
| **Learner name** |  |
| **Learner DOB** |  |
| **Learner email address** |  |
| **Qualification** |  |
| **Unit name** |  |
| **Provider name** |  |
| **Date of any appeal to provider/centre and outcome** *- if applicable* |  |
| **Details of enquiry -**  *What are your grounds for the enquiry?* |  |
| **Desired outcome of this enquiry –**  *What would you like to happen as a result of this enquiry?* |  |
| **Date of action/decision you are enquiring against** |  |

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| **Declaration** |
| **I can confirm, to the best of my knowledge, the information within this enquiry form is true and correct.**  **I understand there will be a charge of £15.00 if the appeal is not upheld.** | | |
| **Name** | |  |
| **Role -**  *If not being completed by learner* | |  |
| **Email address –**  *If not being completed by learner* | |  |
| **Signed\*** | |  |
| **Date** | |  |

\*Submission by email from the apprentices/learners email address will be accepted in place of a signature.

If you are not sure how to complete any part of this form, or you have a question, please email [compliance@innovateawarding.org](mailto:compliance@innovateawarding.org)