Provider Appeal form

Before you complete this form, we recommend you read through our appeals policy and procedure as this contains some very important information on the grounds for appeal and the appeals 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 ten working days of the decision or outcome that you want to appeal against.

* 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 appeal
* If handwritten, please write in BLOCK CAPITALS

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

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)

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| --- | --- |
| **Apprentice/Learner name** |  |
| **Apprentice/Learner ULN** |  |
| **Standard/Qualification** |  |
| **Component/Unit name** |  |
| **Provider Name** |  |
| **Provider Address** |  |
| **Your name** |  |
| **Job Title** |  |
| **Email address** |  |
| **Details of appeal -**  *Why do you think you have grounds to appeal?* |  |
| **Date of action/decision which you are appealing against** |  |
| **Desired outcome of appeal –** *What would you like to happen as a result of this appeal?* |  |
| **I can confirm, to the best of my knowledge, the information within this appeal form is true and correct.** | |
| **Signed\*** |  |
| **Date** |  |

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