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 paper)
* Don’t forget to attach any written documentation or evidence to support your appeal
* If **handwritten**, please write in BLOCK CAPITALS

Once completed email the form to compliance@innovateawarding.org

Got a question?

If you are not sure how to complete any part of this form, or you have a question email us at compliance@innovateawarding.org

|  |  |
| --- | --- |
| **Apprentice name** |  |
| **Standard** |  |
| **Provider name** |  |
| **Provider address** |  |
| **Your name** |  |
| **Job title** |  |
| **Daytime contact number** |  |
| **Mobile number** |  |
| **Email address** |  |
| **Details of the appeal (why do you think you have grounds to appeal?)** |  |

|  |  |
| --- | --- |
| **Standard/Qualification name**  |  |
| **Unit name - if applicable** |  |
| **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 confirm that, to the best of my knowledge, the information within this appeal form is true and correct.

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

\*Submission by email from a provider’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