Apprentice/Learner 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

Got a question?

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

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| --- | --- |
| Apprentice/Learner name |  |
| Apprentice/Learner address |  |
| 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 |  |
| Provider staff name –*Your tutor name, or any other member of staff involved in the delivery of the standard/qualification, or involved in your appeal* |  |
| Date of any appeal to provider and outcome |  |
| 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 apprentice’s/learner’s email address will be accepted in place of a signature to: compliance@innovateawarding.org