Apprentice/Learner Enquiry Form

Before you complete this form, we recommend you read through our Enquiry policy and process as this contains some very important information on the grounds for enquiry and the enquiries 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

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** |  |
| **Email Address** |  |
| **Standard/Qualification name** |  |
| **Unit name –** *if applicable* |  |
| **Unit number** – *if applicable* |  |
| **Details of the enquiry**  |  |
| **Provider/Centre name**  |  |
| **Provider/Centre staff names** |  |
| **Date of any appeal to provider/Centre and outcome** |  |
| **Desired outcome of this enquiry –** *What would you like to happen as a result of this enquiry?* |  |
| **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 apprentices/learners email address will be accepted in place of a signature.