



# Westwood Training and Consultancy

## Appeals Form

Please refer to either Appeals policy, Complaints policy or Malpractice/Maladministration policy before completing this form .

Section 1 should be completed by, or on behalf of, the complainant	
Centre name	Click here to enter text.
Learner Name	Click here to enter text.
Qualification Title	Click here to enter text.
Date of original complaint (if applicable)	Click here to enter text.
Date of assessment (if appeals assessment outcome)	Click here to enter text.
Module title and assessment details (if appealing an assessment outcome)	Click here to enter text.
Date you are making this appeal	Click here to enter text.
Name of your tutor	Click here to enter text.

**1. Please indicate why you are making a appeal.**

Click here to enter text.

**2. Please provide narrative of the circumstances of the appeal:**

Click here to enter text.

**3. Please provide any details of supporting information (if available), and attach a copy.**

Click here to enter text.

**Section 2 should be completed by the tutor/Head of centre**



## Westwood Training and Consultancy

<b>Tutor/ Head of Centre name</b>	Click here to enter text.
<b>Date appeal received</b>	Click here to enter text.
<b>Information entered onto the appeals record</b>	<b>Yes / No</b>

### Declaration:

I confirm that the information provided above is accurate:

<b>Signature*:</b>		<b>Date:</b>	Click here to enter a date.
<b>Position in Centre:</b>	Click here to enter text.		
<b>E-mail:</b>	Click here to enter text.	<b>Contact Number:</b>	Click here to enter text.