

# Appeals Form

Please complete the below form and return for the attention of the Centre Coordinator to [info@staexcel.co.uk](mailto:info@staexcel.co.uk) or STA Excel, Birch Street, Walsall, West Midlands, WS2 8HZ.



Appellant Details			
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>		
		Postcode:	<input type="text"/>
Email address:	<input type="text"/>		
Telephone number:	<input type="text"/>		

Course Details			
Qualification Title:	<input type="text"/>		
Course Reference Number:	<input type="text"/>		
Course Start Date:	<input type="text"/>	Assessment Date:	<input type="text"/>
Venue Name:	<input type="text"/>		
Tutor Name:	<input type="text"/>		
Assessor Name (if applicable):	<input type="text"/>		

Appeal Details	
Please indicate all that apply	
Enquiry against assessment results	<input type="checkbox"/>

Enquiry against a decision relating to a reasonable adjustment application or special consideration

Enquiry against a decision following an investigation into malpractice or maladministration

I wish to appeal the assessment decision made; I set out my reasons below:

I give my consent to the centre co-ordinator, to make an enquiry about the results of the above assessment decision and understand the possible outcome(s) may or may not change the original result.

**Appellant Signature:**

**Date:**

The appellant will be notified of the outcome 14 days after the submission date of this form.

**Please note Appeals Forms submitted more than 28 days after the assessment decision was made will not be considered.**