

8 Application for an appeal or a review of an administrative decision

JCQ/App1

Centre Number

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The details provided on or appended to this form will form the basis of the case being put forward by the appellant

When completing the details, please pay particular attention to **section 10** of this form, which outlines the grounds for appeal and summarises your reasons for appealing. If you require clarification or assistance, please contact the relevant awarding body.

Please indicate the type of appeal or review being initiated

Completion of
Post-Results Services*

☐

Malpractice

☐

Access arrangements,
reasonable adjustments or
special consideration

☐

Review of other administrative
decisions

☐

If this is an appeal against the outcome of a clerical re-check, a review of marking, a review of moderation or an access arrangement or special consideration decision, please indicate below whether this is an application for a preliminary appeal or an appeal hearing.

Preliminary appeal

☐

Appeal hearing**

☐

***Please note that an appellant cannot proceed to a preliminary appeal until the clerical re-check, review of marking or review of moderation has been completed and the outcome confirmed.**

****Please note that an appellant cannot proceed to an appeal hearing unless they have already initiated a preliminary appeal and this appeal has been completed.**

1. Name of appellant:

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2. Centre name:

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3. Address:

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4. Telephone number:

5. Name and position of centre contact:

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6. Email address of contact person:

7. Examination series:

8. Title and level of specification:

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9. Name(s) and candidate number(s) of candidate(s) on whose behalf you are appealing (where applicable):

Candidate name	Candidate number	Component/unit code

Continue on another sheet if necessary.

10. Grounds for appeal:

Please state the grounds for appeal, continuing overleaf as necessary, and attach all supporting documentation. It is in the interest of all parties that all grounds for appeal are clearly stated in the application.

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11. Names and positions of people attending an appeal hearing :

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Signed:..... Date:/...../.....

Appellant name:..... Position:.....

Please return the completed form to the relevant awarding body.
If you have not received an acknowledgement within five working days,
please contact the awarding body.