

Learner Appeals against Assessment Decisions Policy

Designated Appeals Officer: Rachel Sullivan

Writer/reviewer of this policy: Rachel Sullivan

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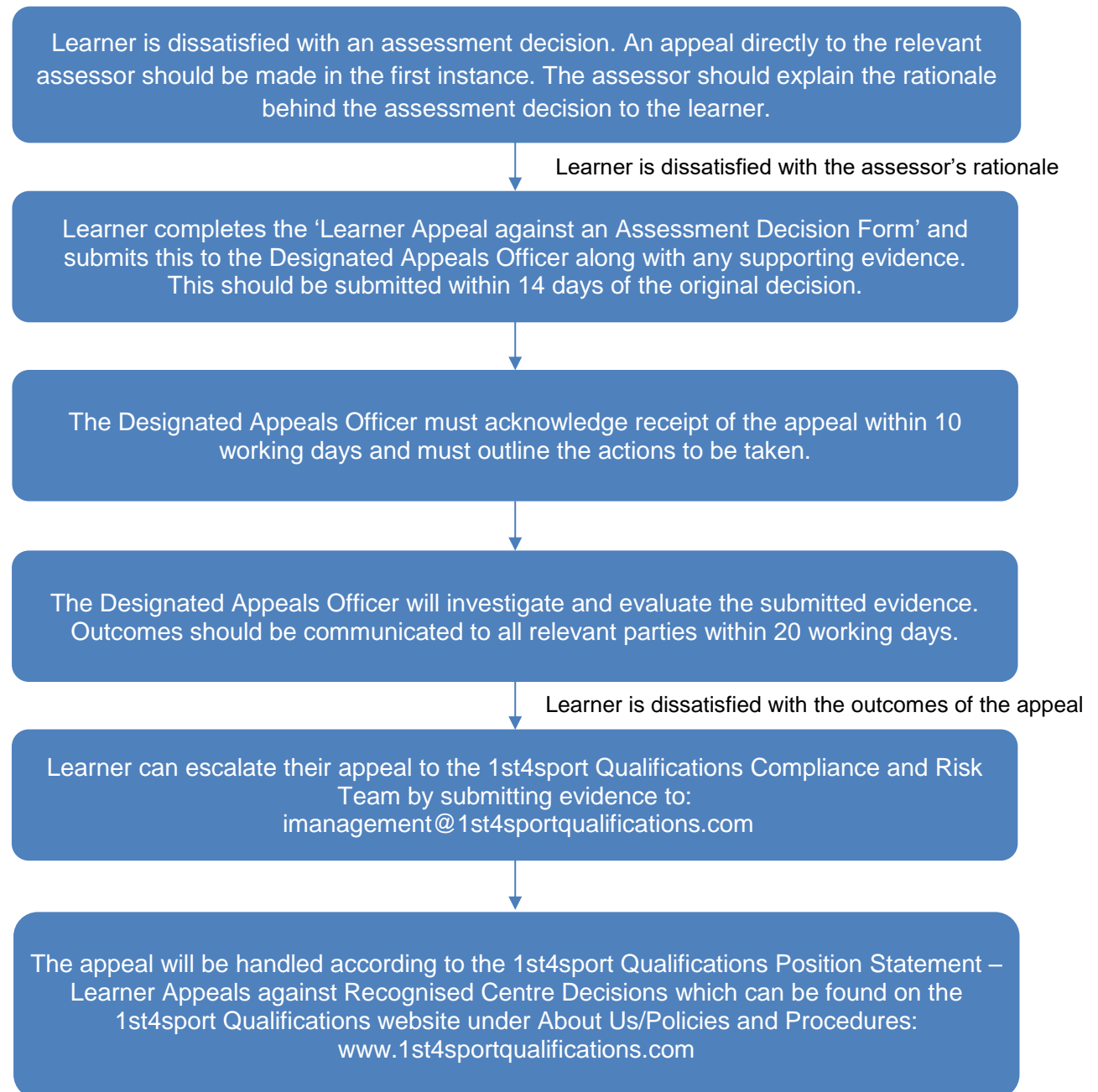
Learners have the right to appeal against an assessment decision made by staff work at **East Riding County FA**. The procedure outlined within this policy must be followed in order for an appeal to be considered.

The Head of Centre **Rachel Sullivan** is responsible for ensuring that this policy is published, implemented and accessible to all personnel, learners and any relevant third parties. The Head of Centre will also ensure that all personnel have read and understood this policy and that any amendments to the policy are communicated to relevant parties.

Learners should be made aware of this policy at the start of their course/programme and the policy should be easily accessible (website, intranet, booklets).

Learners wishing to appeal against an assessment decision must do so within 14 days of the original decision. We advise learners to keep copies of all documents relating to the appeal. The following procedure should be followed by learners wishing to submit an appeal.

Appeal Submission Procedure



Learner Appeal against an Assessment Decision Form

Learners must complete this form and submit it to the Designated Appeals Officer within 14 days of the assessment decision.

Learner's name	
Learner registration number	
Address	
Email address	
Contact number	
Date of assessment	
Date appeal submitted	
Name of assessor against whose decision the appeal is being made	

Describe the reasons for your appeal as fully as possible. Please include **copies** of any associated documents (e.g. learner evidence, record of achievement, observation checklists, feedback from the assessor etc.). Learners should retain a copy of this form.

Type of assessment and details of original assessment decision	
Reason for the appeal	
Learner signature	Date

To be completed by the Designated Appeals Officer.

Date of Appeal Investigation	
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Investigation Details

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Outcome (tick one only)

Uphold original assessment decision	<input type="checkbox"/>
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Offer the learner an opportunity for a reassessment (free of charge)	<input type="checkbox"/>
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Overturn original assessment decision	<input type="checkbox"/>
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Other actions relating to outcomes (give details)	
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Designated Appeals Officer signature		Date	
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Learner signature ¹		Date	
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¹ Signing this form does not necessarily indicate agreement with the decision but is an acknowledgement of receipt of the outcomes.