**Appeal form**

This form should be used if you wish to submit an appeal to the BHS Education Team. When completing this form, please refer to The BHS Education Team’s Appeals Policy.

Depending on the type of appeal, we may request further information from you.

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| **Name:***Name of the person completing this form* |  |
| **Are you over 18 years of age?***Please tick one. This is so we can provide an appropriate service* | Yes |  | No |  |
| **Your role:***Please confirm if you are a candidate or what your role is?* |  |
| **Address:** |  |
| **Telephone number:** |  |
| **E-mail address:** |  |
| **Qualification title:***Which qualification does this appeal relate to?* |  |
| **Assessment to which this appeal relates to:***Which unit or assessment does this appeal relate to?* |  |
| **Assessment centre:** |  |
| **Date of assessment:** |  |
| **Assessor/s names:***If known* |  |
| **Type of appeal:***Please tick one type* | Appeal against discrimination  |  |
| Appeal against the manner in which your assessment was conducted |  |
| Appeal against BHS decisions |  |
| Appeal against action taken following an investigation |  |

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| **Details of the appeal:***Please provide sufficient information and evidence to support the appeal* |
| Please give a full description of the appeal including:* The specific nature of the appeal
* When it happened
* The sequence of events
* Persons/organisations involved
* Witnesses who are able to support the appeal
* The desired action or response sought for resolution
* If appropriate, any information regarding previous attempts for resolution
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 (Please continue on a separate sheet of paper if necessary)

**Declaration**

* I confirm that the information included in this form is accurate, to the best of my knowledge.
* I understand my appeal will be investigated via the processes outlined in the BHS Education Team’s Appeals Policy.
* I understand there is a £100 appeals fee to pay to complete submission of my appeal. This will be refunded if my appeal is upheld.
* I understand the BHS will need to get written permission from the individual concerned if this form is completed by a third party.

**\*Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_**

**\*Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return this form along with copies of all documentation and evidence to support the appeal to:

Email: education@bhs.org.uk

Post: BHS Education Team, Abbey Park, Stareton, Kenilworth, Warwickshire, CV8 2XZ

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