# **Appeals Form**

**Please ensure you have read the MA Appeals Policy before submitting this form.** An appeal is the process through which an Appellant can dispute that we, at Marshall Assessment, have applied procedures fairly, appropriately and in line with our policies. In order for an appeal to be successful, the Appellant must prove on the balance of probability that we have not acted in line with our procedures in fairly arriving at a judgement. The Appellant must have genuine cause to believe Marshall Assessment has not followed its procedures and will have to explain the reasons why they believe this in the form below.

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| --- | --- |
| Appellant full name |  |
| Organisation name |  |
| ***Please complete below as appropriate:*** | |
| Apprentice Name & ULN |  |
| Employer details (including main contact) |  |
| Training provider details (including main contact) |  |

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| **Brief description of the nature of the Appeal** |
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| Names of any other people involved external to Marshall Assessment |  |
| Names of any other people involved internal at Marshall Assessment |  |
| Email address and contact phone number for correspondence. |  |

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| In the box below, please provide all relevant information related to this application for an appeal including timelines and references to additional evidence or correspondence: |
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| **If making a formal appeal**, please indicate the grounds for appeal. | Appeal against MA’s decision on an enquiry about a result | 🞎 |
| Appeal against MA’s decision on the outcome of a complaint | 🞎 |
| Appeal against MA’s decision on an application for special consideration, reasonable adjustment or mitigating circumstances request for a missed deadline. | 🞎 |
| Appeal against MA’s decision on the outcome of a malpractice or maladministration investigation | 🞎 |
| Appeal against MA’s assessment decision on the outcome of an End Point Assessment regrade | 🞎 |

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| **Declaration:**  I confirm that I have read and understand the **MA Appeals Policy** and that this application is made in accordance with the terms of this policy.  If I am not the Apprentice, I confirm that the Apprentice has given their informed consent for me to make this application on their behalf. | |
| Name: |  |
| Signature: |  |
| Date: |  |

Please return this application to [helpdesk@marshall-assessment.com](mailto:helpdesk@marshall-assessment.com)