1. **Details of the applicant** – please complete in all cases

|  |
| --- |
| **Centre name:**  |
| **ASDAN Centre Number:**  |
| **Address:**  |
| **Postcode:**  |
| **Name and position of the person submitting the appeal (please print):** |
| **Telephone number:** | **Email:** |

1. **Details of the candidates applying**

|  |  |  |
| --- | --- | --- |
| **Candidate name**  | **Candidate number**  | **Date of certificate**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Details to support the appeal** – please provide supporting information

List the category of the appeal: A – D

|  |
| --- |
| A1: An assessment error was made by using incorrect information when assessing and moderating the learner’s evidence.Please list the specific details of which procedure has not been properly applied, that is being provided to support the appeal.A2: ASDAN used the wrong information provided by the centre when reviewing the evidence of all, some or just one of a centre’s candidates, including because the centre erroneously submitted the wrong/missing data. |
| B: The centre considers that either ASDAN or the centre has not applied its procedures consistently, properly and fairly in arriving at judgements, or applied procedures which are consistent with regulatory requirements. Please list the specific details of which procedure has not been properly applied, that is being provided to support the appeal. |
| C: ASDAN has not considered requests for access or special considerations appropriately.Please list specific information and evidence that is being provided to support the appeal, using the details provided to ASDAN prior to the external moderation on reasonable adjustments/requests for access/special consideration.  |
| D: The centre feels that the result issued was biased or discriminatory following an investigation into malpractice or maladministration.Please list the specific details of how the candidate/centre was treated discriminatory or with bias, that is being provided to support the appeal. |

|  |
| --- |
| Please ensure that this appeal is only sent to the Compliance Manager after the finalisation of the Centre Appeal Process has concluded.Complete this form with supporting evidence and send it to: compliance@asdan.org.uk within 35 days of the result being issued.  |

|  |
| --- |
| **For Office Use:** |
| **Status** |  | **Reason**  |   |
| **Approved / Not approved:** |  | **Date**  |  |
| **QA Manager**  |  |