# Appeal Request Form

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

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| **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**

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| **Candidate name**  | **Candidate number**  | **Date of certificate**  |
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1. **Details to support the appeal** – please provide supporting information

List the category of the appeal: A – E

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| A: The centre made an error in marking/procedural without consistently, properly and fairly in arriving at judgements, or applied procedures which are consistent with regulatory requirements and requests a review of the original decision. Please list the specific details of which procedure has not been properly applied, that is being provided to support the appeal. |
| B: The centre considers that ASDAN 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: The centre considers that ASDAN has made a marking or moderation error. Please list specific information and evidence that is being provided to support the appeal, using the candidate’s work and mark scheme to demonstrate where you believe the marking/moderation error(s) has been made:  |
| D: 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.  |
| E: 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. |

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| 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.  |