## **ASDAN Appeal Request Form**

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

Centre name:				
ASDAN Centre Number:				
Address:				
Postcode:				
Name and Position of the person submi	itting the ap	ppeal (please print):		
Telephone Number:	E	Email:		
2. Details of the learners applying	•			
Learner Name		Learner Number	Date of EQA	
			Sampling Activity / Project qualification Series	



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

A: The centre considers that ASDAN has not applied its procedures consistently and properly 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. B: The centre considers that ASDAN has made a marking, moderation or EQA sampling error. Please list specific information and evidence that is being provided to support the appeal. Use learner evidence and mark scheme (where relevant) to demonstrate where you believe the marking, moderation or EQA sampling error(s) has been made: 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 EQA sampling activity or submission on reasonable adjustments/requests for access/special consideration. D: ASDAN has applied Malpractice/Maladministration sanctions incorrectly. Please list the specific information and evidence that is being provided to support the appeal. providing details on how the sanctions applied to the centre disadvantaged the learner and evidence to support that a different outcome should have been reached.

Please ensure that this appeal is only sent to the Quality Team after the completion of the Enquiry stage (VTQs) or Post Results Review stage (Project Qualifications).

Appeal applications must be accompanied by a Learner Consent Form.

Complete this form with supporting evidence and send it to: guality@asdan.org.uk

