

Appeal form

This form should be used if you wish to submit an appeal to BHS Qualifications (BHSQ). When completing this form, please refer to BHSQ's Appeals Policy.

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

Name: <i>Name of the person completing this form</i>		
Your role: <i>Please confirm if you are a learner or what your role is?</i>		
Approved centre name: <i>If applicable</i>		
Address:		
E-mail address:		
Telephone Number:		
Qualification title: <i>Which qualification does this appeal relate to?</i>		
Type of appeal: <i>Please ✓ one type</i>	Appeal against the approved centre and/or assessment decisions <i>Please ensure you have exhausted the approved centre's appeals procedure prior to this appeal to BHSQ</i>	
	Appeal against a BHSQ decision(s)	

Details of the appeal: <i>Please provide sufficient information and evidence to support the appeal</i>

Details of the appeal:
CONTINUED

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Declaration

I confirm that the information included in this form is accurate, to the best of my knowledge.

Name:		Date:	
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PLEASE RETURN TO:
BHS Qualifications, Abbey Park, Stareton, Kenilworth, Warwickshire, CV8 2XZ