Interfima

APP-01 / FORM

Learner Appeal

Complete this form to request a review of an assessment or certification decision.

01 Learner & programme details

Learner name / ID

Centre / Approved Partner

Qualification / programme

02 Decision being challenged

Date result received

Grade / result challenged

Grounds for appeal (select all that apply)

- [ ] Marking error
- [ ] Procedure irregularity
- [ ] Bias
- [ ] Other

If other, please specify

03 Statement & supporting evidence

Supporting statement (explain the grounds; attach extra pages if needed)

Evidence provided (e.g. ID, emails, mark sheets)

04 Declaration

Fee paid? (where a formal appeal fee applies)

- [ ] Yes
- [ ] No

Signature / typed name

Date