



Assessment Appeals Form

BMTC FRM5060-01

Please complete Section One and submit within 14 days from receipt of Assessment Report

SECTION ONE			
Learner Name & Surname			
First Appeal	<input type="checkbox"/> (Tick if appropriate)	Second Appeal	<input type="checkbox"/> (Tick if appropriate)
ID Number			
Student Number			
Assessment Date			
Module Name		Module Number	
Unit Standard Number		Unit Standard Number	
Unit Standard Number		Unit Standard Number	
Unit Standard Number		Unit Standard Number	
Unit Standard Number		Unit Standard Number	
Reason for appeal against Assessment Report (Brief outline)			
Learner			
	(Signature)		(Date)

SECTION TWO	
MODERATOR reconsiders decisions and rationale.	

Moderator		
	(Signature)	(Date)

The above decision has been explained to me and I accept the decision is final.

Learner		
	(Signature)	(Date)

The above decision has been explained to me and I wish to lodge a second appeal.

Learner		
	(Signature)	(Date)



Any candidate has the right of appeal against any "NOT YET COMPETENT" or failed results decision by the learner-assessor. If the candidate wishes to appeal, he or she should follow the procedure set out below.

Assessment appeals procedure:

