

Assessment Result Appeals Form

Apprentice/Customer Name:	
Employer Name:	
Assessor Name:	
Quality Assurer:	
Date of Assessment:	

We will aim to provide you with an outcome of the appeal within 20 working days.

Please enter the details of your appeal below:
Signature:

Assessor response:
Name:
Signature:

Evidence reviewed and outcome of decision:
Name:
Signature:
Position:

In2assessments Administrative Use (Appeal form back page)

Date appeal received:	
Name of In2assessments representative that acknowledged the appeal:	
Date of acknowledgement:	
Appeal referred to:	
Resolution:	
Result changed on system:	Yes / No
Date of resolution:	
Signature of In2assessments representative:	
Date:	

Email to: contact@In2assessments.co.uk or post to In2assessments, Skern Lodge, Appledore, Bideford, Devon, EX39 ING