Appeal against a special consideration decision

**Please complete the fields below and return this form to:** **assessment @archaeologists.net**

**About you:**

|  |  |
| --- | --- |
| Your name |  |
| Your email address |  |
| Your training provider |  |
| Your employer during your apprenticeship |  |
| Your full qualification title (e.g. level 3 Archaeological Technician) |  |

**About your appeal:**

|  |
| --- |
| Please explain why you feel an incorrect decision has been made. Please include as much information as possible.  |
|  |
| IF APPROPRIATE: Please attach any relevant evidence and provide a rationale for its inclusion below:  |
|  |

*CIfA Qualifications use only:*

|  |
| --- |
| I have reviewed this appeal and can confirm that I will instigate the following actions:  |
| Note that the process for dealing with an appeal against a special consideration decision requires the appeal and its management to fall under the EPAO risk management system once this form’s been received. x |
| Name | Role at CIfA Qualifications | Date |
|  |  |  |