



### 6.10.7a Template for Application Form for Appeal of Assessment Malpractice Finding

Please complete this form in BLOCK letters and send to the [Insert name of the FET Director or relevant line manager for appeals] no later than ten working days from the date of you were notified of the assessment malpractice findings.

<b>Appellant Name:</b>		
<b>Address:</b>		
<b>Contact number:</b>		
<b>Email address:</b>		
<b>Reason for your appeal (please insert x in one box only)</b>		
Malpractice was not dealt with in accordance with procedures.		
Regulations did not adequately cover the circumstances relating to the malpractice.		
New information is now available that was not available to the investigation.		
<b>Explain the reason for this appeal application</b>		
<b>Print Name:</b>		
<b>Signature:</b>		<b>Date:</b>
FOR OFFICIAL USE ONLY		
Report (Section 4) Completed (please insert x)	Yes	No
Signature:		
Date:		