

Learner Appeal Form

Section 1 – Personal Details

Name	
Address	
Registration Number (if known)	
Contact Telephone Number	
Email Address	

We will send all correspondence to the above address so please ensure that you notify us promptly of any changes to your address.

Section 2 – Exam Details

Exam Title	
Provider	
Date of Examination	

Section 3 – Grounds of Appeal

(Please tick relevant box)

Mitigating Circumstances	<input type="checkbox"/>
Administrative Error	<input type="checkbox"/>
Examination Material Irregularity	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Section 4 – Justification for your Grounds of Appeal

Please provide justification for appealing your result below and continue with additional sheets if necessary.

Section 5 – Documentation Attached

I attach the following documentation with my appeal pro forma (please tick the relevant box)

Medical Evidence	<input type="checkbox"/>
Other documentation (please specify)	<input type="checkbox"/>

Section 6 – Declaration

I would like to appeal my result and declare to the best of my knowledge the information I have provided is true, accurate and complete. I give my consent for this information to be circulated to BCS staff and relevant Subject Matter Experts on a need-to-know basis for the purpose of investigating my appeal. I have made payment for the appeal.

Signature	
Date	

Please retain a copy of this form and all attachments for your records.

Do not send originals of medical certificates as BCS cannot guarantee the return of these documents.

Please return the completed form and attachments to certifications@bcs.uk. Or post them to BCS:

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