**CILEX Appeals Form**

***CILEX Regulated Qualifications***

**Important Information**

Applicants who wish to appeal an exam result, reasonable adjustment decision, access arrangements decision, special consideration decision or other administrative decision must read:

* **CILEX Appeals Policy – CILEX Regulated Qualifications** and
* **CILEX Appeals Procedure – CILEX Regulated Qualifications**

Applicants who wish to appeal a decision to impose a sanction following an investigation of malpractice or maladministration must read:

* **CILEX Appeals Policy – CILEX Regulated Qualifications** and
* **CILEX Malpractice and Maladministration Appeals Procedure – CILEX Regulated Qualifications**

CILEX will only process appeals applications which comply with the relevant Policy and Procedure.

1. **Learner’s Details**

To be completed by learners requesting an appeal or by centres requesting an appeal on behalf of a learner registered at the centre.

|  |  |
| --- | --- |
| Name: |  |
| CILEX membership number: |  |
| Accredited Centre: |  |

1. **Centre Details**

To be completed by centres requesting an appeal on behalf of a learner registered at the centre. **Learners do not need to complete this section**.

|  |  |
| --- | --- |
| Name of Centre Contact: |  |
| Job Role of Centre Contact: |  |
| Telephone Number of Centre Contact: |  |
| Email Address of Centre Contact: |  |
| Signature of Centre Contact:(electronic signature is accepted) |  |

1. **Learner Consent (to be completed by centres requesting an appeal on learner’s behalf)**

Centres must have the learner’s explicit written permission to request an appeal on a learner’s behalf. Centres must confirm the learner has given the centre permission to request an appeal.

|  |  |
| --- | --- |
| Date of learner’s written permission confirming the centre can request an appeal on the learner’s behalf: |  |

1. **CILEX Qualification**

Insert the title of the CILEX qualification to which the appeal application relates.

|  |  |
| --- | --- |
| Title of CILEX qualification: |  |

1. **Appeal Stage**

|  |  |
| --- | --- |
|  | Insert **X** to confirm  |
| Stage 1 Appeal |  |
| Stage 2 Appeal |  |
| Malpractice/Maladministration decision and sanction  |  |

1. **Type of Stage 1 or Stage 2 Appeal**

Insert ‘X’ to confirm the decision being appealed and the CILEX unit number and unit name to which the appeal relates.

|  |  |  |
| --- | --- | --- |
|  | Insert **X** to confirm | CILEX Unit Number and Name |
| Examination result |  |  |
| Professional Skills assessment result |  |  |
| Reasonable adjustments decision |  |  |
| Access arrangements decision |  |  |
| Special consideration decision |  |  |
| Missing/damaged script decision |  |  |
| Malpractice/maladministration decision and sanction |  |  |
| Exemption application decision |  |  |

**Grounds for Appeal**

Information about the grounds for appeal is provided in the CILEX Appeals Policy.

Insert the grounds for appeal below.

|  |
| --- |
|  |

1. **Supporting Evidence**

Insert an overview of the supporting evidence submitted with this form:

|  |
| --- |
|  |

1. **Signature of Applicant**

|  |  |
| --- | --- |
| Signature of applicant: |  |
| Date: |  |

1. **Payment**

The appeals fees are available on the CILEX website.

**Learners**

Following submission of this appeals form, CILEX will add an invoice to your account for the appeal fee. You must pay the fee through your myCILEX portal.

**Centres**

CILEX will use the information provided in Section 2 of this form for invoicing purposes.