

**Application for Lost or Damaged Learners Work**

**To the Director of the Qualification Division NISQ**

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| NISQ D11 for Guidance  |
| NISQ Approved Centre Details | Name –NISQ Registration Number –Address –Governing Body /Director /Qualification Coordinator – Making the Application for Lost or Damaged Learners Work -Name –Position within NISQ Approved Centre – | Supplied Yes/No |
| Learner Details | Name –Unique Learner identification Number –Address – |  |
| Qualification Details | Title of Qualification Registered For – NISQ Qualification Identification Number – Modules Completed – TitlesUnits Completed – TitlesAssessments Completed – Learning Outcomes Completed – |  |
| Explanation for Request | Provide Details for Applying for Lost or Damaged Learners Work on behalf of the Learner –(See NISQ D11 for Guidance) |  |
| Supporting Documentation | List and Attach Documentation to support the application:1.
2.
3.
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| Statement from the NISQ Approved Centre Governing Body or their Representative (Qualification Coordinator) | This can be a supporting statement, outlining details of the circumstances - |  |
| Declaration | As the Governing Body of the named NISQ Approved Centre or their representative I hereby in writing confirm the information I have submitted is true and factually correct and is appropriate in order to support an application for Lost or Damaged Learners Work for the named Learner.Signature –Name –Date - |  |
| NISQ Approval Panel Outcome | The approval panel on behalf of the Governing Body of NISQ have Approved this application for Lost or Damaged Work to the named Learner. The following Marks will be allocated for the Lost or Damaged Learners Works to their NISQ Finalised Mark NISQ 19 - Signed –Name -Member of the Approval Panel/position –Date - |  |
| NISQ Approval Panel Outcome | The Approval panel on behalf of the Governing Body of NISQ has rejected this application for the named Learner –Explanation for Rejection –The application does not fit the criteria set out in NISQ D11 for Lost or Damaged Work –The Panel Require more information/evidence – see action plan - Signed –Name -Member of the Approval Panel/position –Date - |  |
| Action Plan if Required | Approval Panel require more information to process this application – Namely - Suggested Action Plan – resubmit the application along with the required documentation – Signed –Name -Member of the Approval Panel/position –Date - |  |

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| **No Charge** |
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