

**Compliant Regarding**

**Loss or Destroyed Documents from the Learner**

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| Complaints Procedure see NISQ 22 Stage 1 Applies | | |
| NISQ Approved Centre Details | Name –  NISQ Registration Number –  Address –  Governing Body or their Representative  Name –  Position within NISQ Approved Centre – | Supplied Yes/No |
| Learner Details | Name –  Unique Learner identification Number –  Address – |  |
| NISQ Regulated Qualification Details | Title of NISQ Regulated Qualification Registered For –  NISQ Regulated Qualification Identification Number –  Modules Completed – Titles  Units Completed – Titles  Assessments Completed –  Learning Outcomes Completed – |  |
| Explanation for Report | Details of the Lost or Destroyed Documents referring to the Named Learner- an explanation; |  |
| Lost or Destroyed Documentation | List Documentation lost or Destroyed |  |
| Compliant | Learner outlines Compliant - |  |
| Declaration | I hereby in writing confirm the information I have submitted is true and factually correct.  Signature –  Name –  Date - |  |
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