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Record of Appeal Application Form NISQ 20 Stage 1 (informal) available from [www.nisq.uk](http://www.nisq.uk) to download

Centre Qualification Coordinator/Director Qualification Division

First name(s): -………………. Last name: -……………….

Qualification: -……………………… Location: -…………………

Dates: -……….to……….

Details of the Appeal-please continue on the back if necessary: -

Have you previously made a VERBAL APPEAL about this issue?

YES………. No……….

If “yes” to whom? ……………….. When? ………………..

Have you previously made a WRITTEN APPEAL about this issue?

YES………. No……….

If “yes” to whom? ……………….. When? ………………..

What has been the response to your previous Appeal?

What do you think should be done to put this right?

**Learner/Complainant** - **Signature: -………………. Date: -………….**

**NISQ Approved Centre Qualification Coordinator or NISQ Director Qualification Division**

**-signature …………….. Date………………**