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Record of Appeal Application Form NISQ 20b Stage 2 – (formal) available from [www.nisq.uk](http://www.nisq.uk) to download

To the NISQ Director Qualification Division

First name(s): -………………. Last name: -………………. Learners Unique Identification Number……

Qualification: -……………………… NISQ Approved Centre: -…………………

Dates: -……….to……….

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

This can be a copy of the original NISQ 20

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? ………………..

Do you have a copy of this, Please Attach …………………………?

What was response to the previous Appeal by the Qualification Coordinator?

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

NISQ Director Qualification Division - Comments for the Appeals Panel

Appeals Panel- The Appeals Panel has read the contents of the NISQ 20 and 20b, the circumstances of the appeal by the Learner, the NISQ Approved Centre Qualifications Coordinator response to the Appeal and the NISQ Director Qualification Division Comments – The following has been our Decision

Action Plan - Learner

Action Plan Centre -

This Action Plan is required to be Implemented by all Parties concerned, not complying with the decision or Action Plan –

* The Learner may be removed from the Qualification,
* the NISQ Approved Centre receiving a Warning, Sanctions or Loss of their Approved Status

All Parties should sign below in acknowledgement and agreement with the NISQ Decision, Action and Action Plan.

|  |  |  |
| --- | --- | --- |
| Signatures |  | Date |
| Appeals Panel Chair Representative Signature |  |  |
| Learner - Signature |  |  |
| NISQ Approved Centre Qualification Coordinator – Signature |  |  |
| NISQ Director Qualifications Division -signature  |  |  |
| Outcome of the Appeals Panel and their recommendations areTo be implemented/Not ImplementedChair NISQ Governing Body |  |  |