

| 1. Appellant appeal details | | | |
|---|---|---|--|
| Name | | ID Number | |
| Email | | Tel Number | |
| Organisation | | | |
| Subject of Appeal | | | |
| Note: A Stage 1 appeal must be received within 10 working days of being notified of decisions you are appealing. | | | |
| 2. Appeal criteria | | | |
| Extenuating circumstance appeals | | Note: Please tick which criteria you are appealing | |
| 2.1 | Ill health or other extenuating circumstances affected my performance | | |
| Procedural appeals | | | |
| 2.2 | Reasonable adjustment requests have been unreasonably declined | | |
| 2.3 | Deadline extension requests have been unreasonably declined | | |
| 2.4 | Special consideration requests have been unreasonably declined (other than 2.1 or 2.2) | | |
| 2.5 | Incorrect advice from a responsible staff member, materially affected my submission | | |
| 2.6 | I did not receive reasonable notice prior to an assessment | | |
| 2.7 | I received treatment in violation of Xact's Equality, Diversity Policy and Inclusion Policy | | |
| 2.8 | Assessment procedures have not been properly and fairly applied | | |
| Assessment appeals | | | |
| 2.9 | Incorrect similarity or malpractice judgements have been made about my submission | | |
| 2.10 | My submission has not been assessed against valid criteria | | |
| 2.11 | Incorrect judgements have been made about the standard of my submission | | |
| 3. Appeal Grounds | | | |
| | | | |
| Notes | | | |
| Note 1: Provide a justification for the grounds of your appeal for each criteria you are appealing in Section 2. | | | |
| Note 2: Continue on a separate page if necessary. | | | |
| Note 3: Purpose of this section is to enable an assessor to understand the grounds of your appeal. | | | |
| Note 4: Your appeal will only consider the grounds and your justification provided in this section. | | | |
| Note 5: Provide evidence in Section 4 to support your grounds of appeal and justification. | | | |

4. Appeal Supporting evidence

Large empty rectangular area for providing supporting evidence.

Notes

Note 1: Provide evidence to support the grounds for each criteria and your justification in Section 3.

Note 2: Your appeal will only consider evidence you have provided in this section.

Note 3: Continue on a separate page if necessary.

5. Xact use only

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|--------------------|--|--------------|--|
| Date received: | | Received by: | |
| Date acknowledged: | | | |