SFJ Awards Appeal Form

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| **Guidance and Instructions** |
| Before completing this form it is important that you have read the SFJ Awards Enquiries and Appeals Policy which is available on our website ([www.sfjawards.com](http://www.sfjawards.com)). |

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| **Completion of Form** |
| Please complete this form as fully as possible, providing us with sufficient information to carry out a full investigation into your appeal. |

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| **Centre Details:** | | |
| Centre Name |  | |
| Centre Number |  | |
| Contact Name |  | |
| Contact Job Title |  | |
| Contact’s Email Address |  |  |
| Contact’s Phone Number |  |  |

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| **Qualification Details:** | | |
| Qualification Title |  |  |
| Qualification Number |  |  |

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| **Learner Details:** | | |
| Name of Learner |  |  |
| Learner Registration Number |  |  |

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| Details of Appeal: |
| *(please provide a full description of the nature of the appeal, the reason why you have made the appeal and your suggested resolution)* |

**Declaration**

I accept that SFJ Awards will process and store the information provided in an electronic format. I agree that it may be used for any purpose deemed relevant to this appeal.

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| Signed: |  |  |
| Full name:  (block capitals) |  |  |
| Job Title: |  |  |
| Date: |  |  |