

Form EA1A – Stage 1: Basic or Full Review (Individual)

Please read the Enquiries and Appeals procedure before completing. All sections are mandatory.

Please note that if you are requesting a Full Review your personal data from Sections 2 and 3 will be sent to the Senior Examiner.

Section 1 – To be completed by the person making the request

Name		
Address		
Phone number		
Email address		
Organisation*		
Type of Review**	<input type="checkbox"/> Basic Review	<input type="checkbox"/> Full Review
Reference number (if Basic Review already completed)		

**If submitting on behalf of your student(s) / employee(s), state the name of the Training Provider or business where you work*

*** Please refer to the Enquiries and Appeals procedure for details of the scope of each type of Stage 1 review*

Section 2 – Student and qualification / assessment details

If you have provided a reference number in Section 1, you do not need to complete Section 2

Name of student <i>(if different from above)</i>	
AAT Student ID <i>(If known)</i>	
Qualification	
Assessment name or code	
Date of assessment	
Result and assessment percentage score <i>(percentage score is only applicable for graded qualifications)</i>	
If applicable, please provide details of any impairment and Reasonable Adjustment below	

Section 3 – Supporting statement

In the space below, please state why you are requesting a review. State why you think your result is not correct, is not a fair reflection of your performance or, if appropriate, why you think decisions taken regarding Reasonable Adjustments or Special Consideration were inappropriate. If necessary, please provide relevant supporting evidence and / or details of any AAT policies or processes that you think have not been followed in arriving at decisions.

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Continue on separate sheet if necessary

Section 4 – Consent

I confirm that I have read and understood the Enquiries and Appeals procedure for a Stage 1 review. I understand that I (or the student for whom the review is to be undertaken) am solely responsible for any expenses or loss of income that may be incurred before or after receiving the review outcome.

I understand that AAT will invoice me for the required fee and that this must be paid before my application can be processed.

For assessments originally marked by the Training Provider, I confirm that the Training Provider's internal complaints procedure has been completed before submitting this application.

Signed:	Date:
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Return to: Assessments Operations team
AAT, 140 Aldersgate Street
London, EC1A 4HY
Telephone: +44 (0)20 7397 3000
Fax: +44 (0)20 7397 3009
Email: assessment.operations@aat.org.uk

For internal AAT use only

Reference:		Review complete:	
Application received:		Outcome to applicant:	
Clerical checks:		Date Enquiry Completed:	