

Form EA1B – Stage 1: Basic or Full Review (Group)

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

Please note if you are requesting a Full Review, students' 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 completed)			

**If submitting on behalf of your students / employees, 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 – Qualification / assessment and student details

Qualification title			
Assessment name or code			
AAT student ID (If known)	Student name	Assessment, result and percentage score	Details of any impairments or Reasonable Adjustments given (if applicable)

Continue of separate sheet if necessary

Section 3 – Supporting statement

In the space below, please state why you think the results for the named students are not correct, are not a fair reflection of their performance or, if decisions were taken regarding Reasonable Adjustments or Special Consideration, why you think these decisions 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 of separate sheet if necessary

Section 4 – Consent

I confirm that I have read and understood the Enquiries and Appeals process for a Stage 1 group review. I confirm that I have received written consent from the students to have their scripts reviewed as part of AAT's Enquiries and Appeals procedure.

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

The students within this review understand that they are solely responsible for any expenses or loss of income that they may incur before or after receiving the review outcome. 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
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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:	