

### **Assessment Offence Appeals Form**

Name:	
Address:	
Student Number:	
Candidate Number:	
Email address:	
Telephone number:	
Examination:	
Examination date(s):	

# PLEASE SELECT YOUR GROUNDS FOR APPEAL BY TICKING THE RELEVANT BOX(ES) BELOW:

There is evidence of bias, prejudice or discrimination as defined by the UK Equality Act 2010	
Relevant information received by the Assessment Offence Assessor had not been taken into consideration	
There is evidence of a substantial procedural irregularity with respect to an aspect of the conduct of the investigation and/or determination of outcome	

Please summarise your appeal (use additional sheets where necessary):



List all documents/evidence appended in support of this appeal:

#### DECLARATION

I hereby state that I have read and accept the Assessment Offence Policy and Procedures. I enclosepayment as required, and understand that if my appeal is not successful the fee will not be refunded. Furthermore, I understand that disagreeing with an academic judgement does not constitute grounds for appeal.

SIGNATURE:	
PRINT NAME:	
DATE:	

A fee is payable and must accompany this form:

**1.** Assessment Offence outcome appeal

Cheques should be made payable to

CIPFA

Please return to the Quality & Compliance team at gualitycompliance@cipfa.org



# Policy version and owner

Policy owner	Head of Qualifications & Membership
Version	1.0
Update	September 2022
Approval	SMB 05 September 2022
Policy review date	September 2023

## Regulatory references

Ofqual General Conditions of Recognition	
Condition A6: Identification and management of risks	
Condition A7: Management of incidents	
Condition A8: Malpractice and maladministration	