



## **APPLICATION FOR AN APPEAL TO BE HEARD**

*This form enables the EAB's Chairman to consider whether or not your case falls within the remit of the Board and if there is a case to be heard. Please give particular attention to Section 11. If you require clarification or assistance please phone the Principal Officer on 020 7509 5995.*

- 1. Name of headteacher/principal or private candidate making the application:**
  
- 2. Centre name:**
  
- 3. Address:**
  
- 4. Name and position of person to contact at the centre:**
  
- 5. Telephone number:**  
**Fax number:**  
**Email address:**
  
- 6. Awarding body:**
  
- 7. Title and level of specification:**
  
- 8. Date of examination:**



**11 Grounds of appeal:**

*(Please give a summary of the steps taken with the awarding body and the precise grounds on which you are appealing, bearing in mind the EAB's remit to hear appeals on the awarding body's use and application of procedures consistent with the regulatory authorities' code of practice. Please continue on additional sheets if necessary but do not include all documentation at this stage. If your application is accepted you will be asked then for a complete submission of evidence for the appeal hearing.)*

**Signature of headteacher/principal/private candidate:**

**Date:**

*Please return the completed form to the Principal Officer. If you have not received an acknowledgement within five working days, please phone 020 7509 5995.*

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*For office use only*

*Received on:*

*By:*

*Acknowledgement sent:*

*File number:*