# **Complaints, Enquiries and Appeals (Graded Examinations and Diplomas) Application Form**

**Please ensure you have read the** [**Complaints, Enquiries and Appeals Policy (Graded Examinations and Diplomas)**](https://www.rslawards.com/about-us/policies-regulations/) **before submitting this form.**

You will be sent a secure link to make the required payment on receipt of the form.

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| Please indicate type of application: | Enquiry about a result | Informal review | 🞎 |
| Clerical check | 🞎 |
| Re-mark | 🞎 |
| Investigation and report | 🞎 |
| Appeal | First level  | 🞎 |
| Second level  | 🞎 |

|  |  |
| --- | --- |
| Candidate full name |  |
| Date of exam |  |
| Location of exam |  |
| Instrument / type / level of exam |  |
| Examiner (if known) |  |

|  |  |
| --- | --- |
| Name of the person submitting this enquiry or appeal |  |
| Relationship to candidate |  |
| Email address for correspondence (and where the payment link for the fee will be sent to) |  |
| Telephone number |  |

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| In the box below, please provide all relevant information related to this application for an enquiry or appeal: |
|  |

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| **If making a first level appeal**, please indicate the nature of the appeal (see Section 10.1 of policy): | Appeal against RSL’s decision on an enquiry about a result | 🞎 |
| Appeal against RSL’s decision on the outcome of a complaint  | 🞎 |
| Appeal against RSL’s decision on an application for special consideration or reasonable adjustment | 🞎 |
| Appeal against RSL’s decision on the outcome of a malpractice or maladministration investigation | 🞎 |
| Appeal against RSL’s decision on the outcome of an RPL mapping exercise | 🞎 |

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| **Declaration:**I confirm that I have read and understand the [Complaints, Enquiries and Appeals Policy (Graded Examinations and Diplomas)](https://www.rslawards.com/about-us/policies-regulations/)and that this application is made in accordance with the terms of this policy.If I am not the candidate, I confirm that the candidate has given their informed consent for me to make this application on their behalf. |
| Name |  |
| Signature(For forms submitted electronically, a typed name will be accepted in lieu of signature) |  |
| Date |  |

Please return this application to appeals@rslawards.com