

Form EA1A – Stage 1: Review (Individual)

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

Please note when requesting a review your personal data from Sections 2 and 3 will not be sent to the Senior Examiner.

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

Name	
Address	
Phone number	
Email address	
Organisation*	

Section 2 – Student and qualification / assessment details

Name of student (if different from above)	
AAT ID (If known)	
Qualification	
Assessment name or code	
Date of assessment	
Result and assessment percentage score	

Section 3 - Payment

Please note payment is only accepted via Bank card or BACS. An invoice will be raised on your account, your review will then be carried out once payment has been received and confirmed.

Details of how to make payment will be provided via email from the Assessment Operations team.

^{*}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 further details of the Stage 1 review process

Section 4 – Supporting statement

In the space below, please state why you are requesting a review. State why you think your result is not correct or not a fair reflection of your performance. If necessary, please provide relevant supporting evidence and/or details of any AAT policies or processes that you think have not been followed when calculating your result.

If you think a decision taken regarding Reasonable Adjustments or Special Consideration was incorrect, please provide as much detail as possible.

*Please note retrospective Special Consideration requests will not be accepted as part of a review					
Continue on separate sheet if necessary					
Section 5 - Consent					
	iew is to be undertaken) am so	s procedure for a Stage 1 review. I understand plely responsible for any expense or loss of come.	t		
I understand that AAT will invoice me t processed.	for the required fee and that thi	is must be paid before my application can be			
For assessments originally marked by complaints procedure has been comp					
Signed:		Date:			
Contact: Assessments Operati Email: assessment.o	ons team perations@aat.org.uk				
For internal AAT use only					
Reference:	Review complete:	:			
Application received:	Outcome to applic	cant:			
Clerical checks:	Date Enquiry Com	mpleted:			