

Form EA1B – Stage 1: Review (Group)

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 - Qualification / assessment and student details

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

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							
that I (or the student for whom th	derstood the Enquiries and Appeals proced be review is to be undertaken) am solely restore or after receiving the review outcome.						
I understand that AAT will invoice processed.	e me for the required fee and that this must	be paid before my application can be					
	ed by the Training Provider, I confirm that the completed before submitting this application						
Signed:		Date:					
Contact: Assessments Op Email: assessm	perations team nent.operations@aat.org.uk						
For internal AAT use only							
Reference:	Review complete:						
Application received:	Outcome to applicant:						
Clerical checks:	Date Enquiry Completed:						