

## Appeal Form

### Section 1 – Personal Details

<b>Candidate Name</b>	
<b>Candidate Address (for correspondence)</b>	
<b>Candidate Number</b>	
<b>Candidate Contact Telephone Number</b>	
<b>Candidate Email</b>	

We will send all correspondence to the above address so please ensure that you notify us promptly of any changes to your address.

### Section 2 – Exam Details

<b>Exam Title</b>	
<b>Provider</b>	
<b>Date of Examination</b>	

### Section 3 – Grounds of Appeal

(Please tick relevant box)

<b>Mitigating Circumstances</b>	<input type="checkbox"/>
<b>Administrative Error</b>	<input type="checkbox"/>
<b>Examination Material Irregularity</b>	<input type="checkbox"/>
<b>Other (please specify)</b>	<input type="checkbox"/>

**PLEASE DOWNLOAD  
PDF FORM BEFORE  
COMPLETING**

#### **Section 4 – Further Explanation for your Grounds of Appeal**

Please provide justification for appealing your result below.

Attach numbered additional sheets if necessary

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**\*\* PLEASE CONTINUE ON SEPARATE SHEET**

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#### **Section 5 – Documentation Attached**

I attach the following documentation with my appeal pro forma (please tick the relevant box)

<b>Medical Evidence</b>	<input type="checkbox"/>
<b>Other documentation</b> (please specify)	<input type="checkbox"/>

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## Section 6 – Declaration

I would like to appeal my result and declare to the best of my knowledge all of the information I have provided is true, accurate and complete. I give my consent for this information to be circulated to relevant members of staff on a need-to-know basis for the purpose of investigating my appeal. I have included a cheque for the appeal fee in this application or will make payment by contacting BCS Customer Services. I understand that my appeal will not be processed until payment has been made.

<b>Candidate Signature</b>	
<b>Date</b>	

**Please retain a copy of this form and all attachments for your records.**

If medical certificates are included they must be **ORIGINALS**, and will need to be posted; together with the form and attachments to:

*The Examinations Officer [include the name of the Qualification i.e. FCITSM]  
BCS Certifications  
Block D  
North Star House  
North Star Avenue  
Swindon  
Wiltshire  
SN2 1FA*

Tel: + 44 (0)1793 417 655  
Fax: + 44 (0)1793 417 559

Otherwise the completed form with attachments can be emailed to: [certifications@bcs.uk](mailto:certifications@bcs.uk)