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|  | **Assessment appeal application****Stage one appeals**  |

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| *Please complete this form and return it to:**CAA Appeals team, C/O Institute and Faculty of Actuaries, 1st Floor, Park Central, 40/41 Park End Street, Oxford OX1 1JD, UK. Tel: +44 (0)1865 268207 Email:* *appeals@caa-global.org*For all modules this form must be received within 40 days from the publication of the exam results, or the receipt of a decision about work-based skills completion. Please complete a separate form for each result you wish to appeal.The appeal fee is £200.00 for all applications, and is refundable in the event of an appeal being upheld. Before completing this form you must read the [Assessment appeals policy and procedure](https://www.caa-global.org/system/files/field/document/CAA-global-assessment-appeals-policy_October%202018.pdf), which fully explains the procedure and the deadlines that will be applied when your appeal is considered. Please note that complaints fall outside the scope of the appeals policy and are dealt with under a separate procedure. |
| **Personal details** |
| **Name (BLOCK CAPITALS)** |  | **ARN** |  |
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| **Assessment** | **Module Exam** [ ]   | **Subject:** |  | **Work-based skills** [ ]  |
| **Date result received** |  |
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| **Details of appeal** |
| Indicate below the grounds on which you are requesting this review. Tick all the boxes that may apply.Please note that you are not permitted to appeal on any other grounds than those below. |
| Extenuating personal circumstances materially affecting academic performance, not previously notified to CAA Global | [ ]  |
| Improper conduct of an assessment, or alleged irregular procedure that has materially affected the awarded result | [ ]  |
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| **Please provide details supporting your appeal on the next pages** |

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| **Extenuating personal circumstances** |
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| **Please provide full details of your mitigating circumstances** |
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| **What were your reasons for not submitting details of your mitigating circumstances by the normal deadline?** |
|  |
| **Please explain why the reasons for not submitting details of your mitigating circumstances by the normal deadline were outside your control** |
|  |
| **List below any documents that you are attaching in support of your appeal submission, and if necessary explain their significance** |
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| **Information about the improper conduct or alleged irregular procedure** |
|  |
| **Please explain what you believe the improper conduct or alleged irregular procedure is** |
|  |
| **Please explain why this is relevant to your assessment award** |
|  |
| **List below any documents that you are attaching in support of your appeal submission, and explain how they support your case** |
|  |
|  |
| **Declaration (for all appeals)** |
| The details I have provided are true and complete, and I would be prepared to answer further questions in relation to any claim I have made. I consent to details in respect of my appeal being disclosed to necessary third parties. |
|  |
| **Signature** |  | **Date** |  |
|  |
| **See next page for payment details** |

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| **Payment details** |
| We must recieve the appeal fee within 5 days of you sending the form to us.  |
| [ ]  | **Bank transfer** | **£200.00** | A remittance advice MUST accompany this form as proof of your payment. |
| **Account name** | CAA Global Ltd | **IBAN** | GB51NWBK56002025577026 |
| **Account number** | 25577026 | **Bank name** | National Westminster Bank PLC |
| **Sort code** | 56-00-20 | **Bank address** | Holborn Circus BranchPO Box No 204No.1 Hatton GardenLondon, EC19 1DU |
| **SWIFT** | NWBKGB2L |
| **Please enter Bank transfer payment reference:**  |
|  |
| [ ]  | **Cheque** | **£200.00** | Cheques must be made payable to: Institute and Faculty of Actuaries**Post dated cheques will not be accepted.** |
|  |
| [ ]  | **Visa, Mastercard or Amex** |
| **To pay by card*** **complete this form and email it to** appeals@caa-global.org
* **we will telephone you on the preferred number that is on your membership record to take your card payment**

**Please login to the website to ensure that your preferred number is correct and up-to-date** |

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| For office use: |
| Date payment taken: |  | Category added: |  | Date to be destroyed: |  |