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|  | **Assessment appeal application**  **Stage two 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. Email:* [*appeals@caa.global.org*](mailto:appeals@caa.global.org)  To be completed if you wish to request a formal review of a Stage one appeal.  The purpose of this form is to gather the relevant information to permit a full investigation and respond to your concerns. It must be completed in full, and sent by email or post within 10 days from the date of receipt of the Stage one appeal outcome.  There is no fee for Stage two appeals. | | | | | | | |
| **Personal details** | | | | | | | |
| **Name (BLOCK CAPITALS)** |  | | **ARN** | | |  | |
|  | | | | | | | |
| **Assessment** | **Exam Module** | **Subject:** | |  | **Work-based skills** | | |
| **Date Stage one appeal result was received** | |  | | | | | |
|  | | | | | | | |
| **Details of Stage two appeal** | | | | | | | |
| **Which of the permissible grounds below relate to your Stage two appeal submission?** | | | | | | | |
| Procedures were not applied properly or fairly during the Stage one appeal | | | | | | |  |
| Evidence considered in the Stage one appeal was incorrect or incomplete, to the extent it was reasonable to conclude the outcome may have been different | | | | | | |  |
| There was prejudice or bias during the Stage one appeal | | | | | | |  |
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| **Please provide details supporting your Stage two appeal on the next page** | | | | | | | |

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| **Stage two appeal** |
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| **Please provide an explanation as to why you are raising a Stage two appeal** |
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| **List below any documents that you are attaching in support of your case, and explain their significance** |
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| **Declaration** | | | |
| 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** |  |

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