

Enquiries About Results Form



Please complete this form in full using BLOCK CAPITALS. Applications will only be accepted from the centre co-ordinator, tutors or assessors, and will be acknowledged within seven working days.

Centre Co-ordinator Details

Title		STA Reference Number	BEGINS WITH AM OR S/
First Name		Last Name	
Address			
	Postcode		
Email Address			
Telephone Number			

Tutor/Assessor Details

Title		STA Reference Number	BEGINS WITH AM OR S/
First Name		Last Name	
Address			
	Postcode		
Email Address			
Telephone Number			

Course Details

Qualification Title			
Course Reference Number		Course Start Date	DD/MM/YYYY
Theory Assessment Date	DD/MM/YYYY	Practical Assessment Date	DD/MM/YYYY
Venue Name			

Learner Details

Title		Date of Birth	DD/MM/YYYY
First Name		Last Name	
Address			
		Postcode	
Email Address			
Telephone Number			

Enquiry About Results

Enquiry services required. Please indicate all which apply.
<input type="checkbox"/> Enquiry against assessment results <input type="checkbox"/> Enquiry against a decision relating to a reasonable adjustment application or special consideration <input type="checkbox"/> Enquiry against a decision relating to an external quality assurance outcome
Were there any reasonable adjustments or special considerations requested?
<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No

I confirm the learner has been informed of the possible outcome of the enquiry and has consented to the submission of this information.

Co-ordinator/Tutor/ Assessor Signature	
Date	DD/MM/YYYY

I give my consent to the centre co-ordinator, tutor or assessor to make an enquiry about the results of the above assessment, and understand the possible outcome(s) may or may not change the original result.

Learner Signature	
Date	DD/MM/YYYY

FOR OFFICE USE ONLY

	Course Reference Number	
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STA Awarding Organisation Enquiry Form (Stage One)



Please complete this form in full using BLOCK CAPITALS and return it to Safety Training Awards.

Learner and Course Details

Qualification Title			
Course Reference Number		STA Reference Number (If Known)	BEGINS WITH AM OR S/
Course Start Date	DD/MM/YYYY	Course End Date	DD/MM/YYYY

Title		Date of Birth	DD/MM/YYYY
First Name		Last Name	
Address			
		Postcode	
Email Address			
Telephone Number			

Tutor First Name		Tutor Last Name	
Assessor First Name		Assessor Last Name	
Tutor STA Reference Number	BEGINS WITH AM OR S/	Assessor STA Reference Number	BEGINS WITH AM OR S/

I wish to appeal the assessment for the above course; I set out my reasons below. (You may continue on a separate sheet)

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Learner Signature			
Date	DD/MM/YYYY		

I have discussed the above with the learner. My comments on the appeal are as follows. (You may continue on a separate sheet)

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Tutor Signature	
Date	DD/MM/YYYY

To begin the enquiry procedure, you must:

- Fully complete stage one above by the learner, centre co-ordinator, tutor and assessor.
- Return the enquiry form and stage one form to Safety Training Awards:

Safety Training Awards
Anchor House
Birch Street
Walsall
West Midlands
WS2 8HZ
sta@sta.co.uk

Safety Training Awards will acknowledge receipt of the enquiry within seven working days.

Please note that enquiries received more than twenty-eight calendar days after learners have been advised of their final result will not be considered.

If the enquiry goes against you, the stage two appeal process may be submitted to Safety Training Awards within fourteen calendar days of receiving the stage one decision, accompanied with an appeal fee of £50.

STA Awarding Organisation Enquiry Form (Stage Two)



Please complete this form in full using BLOCK CAPITALS and return it to Safety Training Awards, including an appeal fee of £50. In the event that the appeal is upheld, the appeal fee will be refunded.

Learner and Course Details

Qualification Title			
Course Reference Number		STA Reference Number (If Known)	BEGINS WITH AM OR S/
Course Start Date	DD/MM/YYYY	Course End Date	DD/MM/YYYY
Stage One Submission Date	DD/MM/YYYY	Stage One Decision Received Date	DD/MM/YYYY

Title		Date of Birth	DD/MM/YYYY
First Name		Last Name	
Address			
		Postcode	
Email Address			
Telephone Number			

I wish to appeal the stage one decision for the above course; I set out my reasons below. (You may continue on a separate sheet)	
I wish to attend the appeal hearing.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I wish to have the following representative to attend the appeal hearing (optional).

Title		Date of Birth	DD/MM/YYYY
First Name		Last Name	
Address			
		Postcode	
Email Address			
Telephone Number			
Is the representative an STA member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	STA Reference Number	BEGINS WITH AM OR S/
Appellant Signature			
Date	DD/MM/YYYY		

To continue with the appeals procedure, you must:

- Fully complete stage two above.
- Return the stage two form, including an appeal fee of £50, to Safety Training Awards:

Safety Training Awards
Anchor House
Birch Street
Walsall
West Midlands
WS2 8HZ
sta@sta.co.uk

Safety Training Awards will acknowledge receipt of the appeal within seven working days.

Please note that appeals received more than fourteen calendar days after notification of the stage one decision will not be considered.