

Request for Investigation Upon Results

This form to be completed by authorised person at the centre (e.g. centre contact):

Name

.....

Position

.....

Signature

.....

Date

.....

Centre ID Number			
Centre Name			
Qualification/Unit Name			
Date of Assessment			
Assessment ID Number			
Service requested (Please use a new form for each service requested)	Service A 1A Administration check 1B Re-mark (external exam) 1C Re-mark (internal review)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fee* _____ _____ _____

Centres must complete the following information, to enable Signature to identify the candidate on the videotape			
Candidate ID Number	Candidate Name	Exam Video Tape No (i.e. 1,2,3)	Order on videotape
Additional information for consideration			

All enquiries, requests for an investigation, appeals and or matters concerning assessment and verification decisions should be addressed to:

Signature, Mersey House, Mandale Business Park, Belmont, Durham DH1 1TH

- For appropriate fees please refer to the current appeals policy on the Signature website.