

CIPD Qualification Appeals Form

Please fill in the form electronically and submit via email to: qa@cipd.co.uk

If the form is not completed correctly it may delay your appeal application.

Section 1											
Candidate ULN								CIPD Membership (where applicable)			
Title:	Mr		Mrs		Miss		Ms		Dr		Other (specify):
First name								Last name			
	Male			Female				Other		Prefer not to specify	
Address								Date of birth			
Town								County			
Tel								Postcode			
Email											
Centre Details											
Centre Name											
Centre Number											
Address											
Town											
County											
Postcode											
Tel											
Email											

Section 2	
Qualification Completed (please tick)	
Level 3	
CIPD Level 3 Foundation Certificate in People Practice	
Level 5	
CIPD Level 5 Associate Diploma in People Management	
CIPD Level 5 Associate Diploma in Organisational Learning and Development	
Level 7	
CIPD Level 7 Advanced Diploma in Strategic People Management	
CIPD Level 7 Advanced Diploma in Learning and Development	
Details of Assessment	

Unit Title	
Unit Code	
Date of submission	
Grade	

Section 3	
Appeal to review (please tick)	
The results of assessments for CIPD qualifications where the CIPD did not properly, fairly or consistently follow procedures.	
The conduct of assessments for CIPD qualifications.	
Decisions about Reasonable Adjustments and Special Consideration relating to candidates registered on CIPD awarded qualifications.	
Decisions relating to any action taken against a centre or candidate following an investigation into malpractice or maladministration.	
Detailed statement of the grounds for the appeal	
Documentary evidence to support the appeal	

Signature	
Date	