Application for an Enquiry about examination

result(s) (centre)

**Deadline for Enquires: 40 working days from the date the result was issued.**

# All Enquiries

|  |  |  |
| --- | --- | --- |
| Name of centre contact |  | |
| Position |  | |
| Telephone number |  | |
| Email address |  | |
| Centre name |  | |
| Centre number |  | |
| Qualification and component number (eg 3748-01, 311) |  | |
| Qualification and unit title |  | |
| Date of exam *(dd/mm/yy)* | |  |
| Date City & Guilds issued the results *(dd/mm/yy)* | |  |

Reason for your enquiry (please use the additional information box if you need more space)

|  |
| --- |
|  |

# Please list the names of the candidates and their enrolment numbers (eg ABC1234)

|  |
| --- |
|  |

# Centre Declaration

This must be completed for all Enquiries

|  |  |  |
| --- | --- | --- |
| I confirm:   * I have been authorised to submit this form on behalf of the centre, * the information provided in this application is complete and accurate, * I agree to pay the invoice on behalf of the centre. | |  |
| Name |  | |
| Position at centre |  | |
| Date |  | |

Please note:

* applications **cannot** be accepted from third parties (eg employers)
* City & Guilds will invoice your centre on receipt of this application.
* for Principal Learning and Project qualifications, please refer to the JCQ document *Post-Results Services*,
* for all other qualifications, please refer to the City & Guilds document *Enquiries and Appeals for qualifications – the process and how to apply*.

# Additional information

Please use this box for any additional supporting information, you can attach additional sheets

(there is no requirement to provide this)

|  |
| --- |
|  |

**Please return your completed form to:** [**appeals@cityandguilds.com**](mailto:appeals@cityandguilds.com)

Please include the qualification number and exam date in the subject box of the email.