

BHS Equine Excellence Pathway Appeal Form

On the day of your assessment, the Assessor's decision is final. If you consider your assessment was not conducted in line with syllabi requirements and would like to appeal, please complete this form.

Section 1: Your details

Surname		
First name(s)		
Date of birth		Membership Number
Address		
Telephone number	Home:	Mobile:
E-mail address		

Section 2: Assessment details:

(if your appeal does not relate to an assessment please go to section 3)

Assessment to which this appeal relates to	
Assessment centre	
Date of assessment	
Assessor's name(s)	

Did you raise your concerns at any point with the assessor during or after the assessment?
Yes/No

Please provide details below (for example, assessor's name (if known) and their response

Section 3: Reason for appeal

(Please complete the section/s as applicable)

a)	I believe I was discriminated against on the grounds of my age/race/gender/gender reassignment/disability/pregnancy/religion or beliefs/sexual orientation/marriage or civil partnership;
Please give reasons:	
and/or	b) The manner in which my assessment/investigation was conducted put me at an unfair disadvantage in comparison to the other candidates/parties;
Please give reasons:	
and/or	c) My result was inconsistent with the requirements set out in the relevant assessment criteria (for example you believe you were asked to demonstrate knowledge through tasks or discussion not relating to the criteria)
Please give reasons:	

and/or	
d)	Your reasonable adjustment or special consideration application was not managed appropriately and failed to consider the correct provision of adjustments required;
Please give reasons:	
e)	the outcome of your disciplinary procedure did not correspond to the breach that was made to the Code of Conduct.
Please give reasons:	

(Please continue on a separate sheet of paper if necessary)

I understand that my name and the details of my appeal may be copied to the assessor concerned or any third parties that may need to be contacted as part of this investigation.

***Signature of candidate** _____ **Date** _____

***Signature of parent/guardian** _____ **Date** _____

*this form must be signed by the candidate or a parent/guardian/carer if the candidate is under 18 years old.

To see our Privacy Notice, or if you need further information, please write to us; BHS, Abbey Pak, Stareton, Kenilworth, Warwickshire, CV8 2XZ or go to; www.bhs.org.uk/privacy

Please return this form with an appeals fee of £100 to: The Equine Excellence Department, BHS, Abbey Park, Stareton, Kenilworth, Warwickshire CV8 2XZ

