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**Candidate Appeal**

Before completing this form, you must read the APEAS Appeals Procedure which is provided on the APEAS website at:

[**APEAS Policies and Procedures**](https://apeas.org.uk/policies-and-procedures/)

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name: | |  | |
| Candidate Number: | |  | |
| Email address: | |  | |
| Mobile: | |  | |
| Specify which component(s) of the Part 3 Examination that the appeal relates to by placing a tick in the box opposite the relevant component. | | **Component** | **Tick relevant box(es)** |
| EBA |  |
| Experience |  |
| Practice Paper |  |
| Conduct of the Oral Examination |  |
| **Indicate with a tick in the relevant box(es) the ground(s) on which you wish to appeal (see para 1 of the Appeals Procedure):** | | | |
| **Ground** | | | **Tick relevant box(es)** |
| That there is relevant information e.g., medical or personal circumstances that for good and proper reason was/were not disclosed to APEAS prior to, or at the time of, the candidate’s examination. | | |  |
| That the conduct of the examination was not in accordance with Regulations of the Part 3 Examination in Professional Practice and Management as operated by APEAS. | | |  |
| State here why you believe that you have competent grounds for appeal. Refer to any evidence that supports your statement. | |  | |
| List here any documents that you are attaching in support of your appeal. | |  | |
| **The information given in this form must be accurate and must have, or must be believed to have, had a direct and adverse effect on your performance. You must sign and date this declaration:** | | | |
| *I have read understand the Appeals Procedure.*  *The information I have given in this form is, to the best of my knowledge, true and has had a direct adverse effect on the outcome of my Part 3 Examination.*  *I give my permission for the information given in this form and supporting documentation (if any) to be considered by those individuals specified in the APEAS Appeals Procedure.* | | | |
| **Signature:** |  | | |
| **Date:** |  | | |

You will receive acknowledgement to the email address provided on this form that your appeal has been received. Timescales for the consideration of your appeal are given in the Appeals Procedure.