

# EXAMINATION APPEAL FORM

## PART A (to be completed by the candidate and sent to SLSA GB)

Name:			
Address:			
Telephone No:			
Award:			
Exam Date:		Original EAF No.	
Instructor:			
Examiner:			

I am dissatisfied with the examination carried out on the above course; I have discussed this with my Examiner and I am not satisfied with the outcome. I set out below brief details of my complaint and I confirm that I wish to invoke the appeals procedure.

Signed by the candidate:		Date:
Signed by the Examiner:		Date:

## PART B (to be completed by Regional Life Saving Officer)

I have discussed the above complaint with the candidate and the Examiner. I set out below my comments, which I have discussed with the candidate.

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I consider that the appeal should be upheld / dismissed\* and the original exam result be amended / unchanged\*.

Signature:		Date:
I am / am not* satisfied with the outcome of the appeal and do not / wish* to carry the appeal to the next stage.		
Candidate's Signature:		Date:

## PART C (to be completed by the Director of Life Saving)

I have reviewed the procedure adopted by the Examiners and I set out my comments below: -

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I have met with the candidate, the Examiners and the Regional Life Saving Officer and I consider that the appeal should be upheld / dismissed\* and the original exam result be amended / unchanged\*.

Signature:		Date:
I am / am not* satisfied with the outcome of the appeal and do not / wish* to carry the appeal to the next stage.		
Candidate's Signature:		Date:

## PART D (Appeals Panel)

Received by the SLSA of GB:	
Appeal Panel formed on:	
Members of Appeal Panel:	
I confirm that the Appeal panel met on _____ to consider the above appeal	

The decision of the Appeal Panel is: -

That the appeal be upheld / That the appeal should be dismissed and the original Exam upheld.

Signature		Date
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(Chairman of the Appeal Panel)