



APP-Form

Appeals Application Form

TO BE COMPLETE BY
CIFA
Appeal case number

Certified Institute for Further Accreditation (CIFA)

This form must be completed by candidates who wish to submit an appeal against a decision made by CIFA under the **Appeals Policy, (Doc Ref: AP)**. Please ensure you have read the Appeals Policy thoroughly before completing this form.

Appeals must be submitted within 10 working days following notification of CIFA's decision. Completed forms should be submitted via the policy drop-down tab on our website, by selecting the Appeals tab.

Section 1 – Candidate Information

Full Name: _____

CIFA Candidate Number: _____

Contact Email: _____

Contact Number: _____

Date of Original Decision: _____



Section 2 – Appeal Details

Please indicate the area of your appeal (tick all that apply):

Proctor Report Decision <input type="checkbox"/>	Reasonable Adjustment Application Decision <input type="checkbox"/>
Special Consideration Application Decision <input type="checkbox"/>	Exemption Application Decision <input type="checkbox"/>
Malpractice or Maladministration Decision, Penalty or Sanction <input type="checkbox"/>	MCQ Outcome <input type="checkbox"/>

Section 3 – Grounds for Appeal

Please select the grounds for your appeal (tick all that apply):

Inconsistencies or failures in the application or adherence to CIFA's established policies and procedures <input type="checkbox"/>
Substantial new information or evidence previously unavailable is now available <input type="checkbox"/>

(Please note: Disputes over academic judgment or the findings of malpractice/maladministration investigations are not valid grounds for appeal.) Please refer to the **Malpractice and Maladministration Policy, (Doc Ref: MMP)**

Section 4 – Appeal Statement

Please clearly explain the reasons for your appeal, including why you believe the grounds selected above are applicable. Attach additional sheets if necessary.



Section 5 – Supporting Documents

Please list any supporting documents you are submitting with this appeal. Ensure all documents are referenced in your appeal statement (i.e.1,2,3).

Section 6 – Declaration

I confirm that I have read and understood the CIFA Appeals Policy and that the information provided in this application is accurate and complete to the best of my knowledge. I understand that CIFA may reject my appeal if it does not meet the specified grounds outlined in the policy.

Signature: _____

Date: _____

(For details on the appeals process and requirements, please refer to the **CIFA Appeals Policy, Section 2 Appendix 1.**)