**CILEX Appeals Form**

***CILEX End-Point Assessment***

**Important Information**

Applicants who wish to appeal an enquiry of an assessment result, reasonable adjustment decision, access arrangements decision or special consideration decision must read:

* **CILEX Appeals Policy – CILEX End-Point Assessment** and
* **CILEX Appeals Procedure – CILEX End-Point Assessment.**

Applicants who wish to appeal a decision to impose a sanction following an investigation of malpractice or maladministration must read:

* **CILEX Appeals Policy – CILEX End-Point Assessment** and
* **CILEX Malpractice and Maladministration Appeals Procedure – CILEX End-Point Assessment.**

CILEX will only process appeals applications which comply with the relevant policy and procedure.

1. **Apprentice’s Details**

To be completed by apprentices requesting an appeal or by employers/training providers requesting an appeal on behalf of an apprentice.

|  |  |
| --- | --- |
| Apprentice’s Name: | Click or tap here to enter text. |
| Apprentice’s Membership Number: | Click or tap here to enter text. |

1. **Employer/Training Provider Details**

To be completed by employers or training providers requesting an appeal on behalf of an apprentice. **Apprentices do not need to complete this section**.

|  |  |
| --- | --- |
| Organisation Name: | Click or tap here to enter text. |
| Name of Contact: | Click or tap here to enter text. |
| Telephone Number of Contact: | Click or tap here to enter text. |
| Email Address of Contact: | Click or tap here to enter text. |
| Signature of Contact:(electronic signature is accepted) | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

1. **Apprentice Consent (to be completed by employers/training providers requesting an appeal on apprentice’s behalf)**

Employers/training providers must have the apprentice’s explicit written permission to request an appeal on an apprentice’s behalf. Employers/training providers must confirm the apprentice has given the employer/training provider permission to request an appeal.

|  |  |
| --- | --- |
| Date of apprentice’s written permission confirming the employer/training provider can request an appeal on the apprentice’s behalf: | Click or tap to enter a date. |

1. **CILEX End-Point Assessment**

Insert X to confirm the title of the CILEX End-Point Assessment to which the appeal application relates.

|  |  |
| --- | --- |
|  | **Insert X to confirm** |
| Level 3 Paralegal Apprenticeship EPA V1.2  |[ ]
| Level 3 Paralegal Apprenticeship EPA V1.3  |[ ]
| Level 6 Chartered Legal Executive EPA V1.0 |[ ]
| Level 6 Chartered Legal Executive EPA V1.1 |[ ]

1. **Appeal Stage**

|  |  |
| --- | --- |
|  | **Insert X to confirm**  |
| Stage 1 Appeal |[ ]
| Stage 2 Appeal |[ ]
| Malpractice/Maladministration decision and sanction  |[ ]

1. **Type of Appeal**

Insert ‘X’ to confirm the decision being appealed.

|  |  |  |
| --- | --- | --- |
|  | **EPA Component** | **Insert X to confirm** |
| Level 3 Paralegal Apprenticeship EPA V1.2 | Timed Assessment 1 Enquiry Outcome |[ ]
|  | Timed Assessment 2 Enquiry Outcome |[ ]
|  | Interview Enquiry Outcome |[ ]
| Level 3 Paralegal Apprenticeship EPA V1.3 | Professional Discussion underpinned by Portfolio Enquiry Outcome |[ ]
|  | Project Report, Presentation with Questions and Answers Enquiry Outcome |[ ]
| Level 6 Chartered Legal Executive EPA V1.0 | Portfolio Enquiry Outcome |[ ]
|  | Case Study Enquiry Outcome |[ ]
| Level 6 Chartered Legal Executive EPA V1.1 | Portfolio Enquiry Outcome |[ ]
| Reasonable adjustments decision |[ ]
| Access arrangements decision |[ ]
| Special consideration decision |[ ]
| Malpractice/Maladministration decision and sanction |[ ]

1. **Grounds for Appeal**

Information about the grounds for appeal is provided in the CILEX Appeals Policy – CILEX End-Point Assessment.

Insert the grounds for appeal below.

|  |
| --- |
| Click or tap here to enter text. |

1. **Supporting Evidence**

Insert an overview of the supporting evidence submitted with this form.

|  |
| --- |
| Click or tap here to enter text. |

1. **Signature of Applicant**

|  |  |
| --- | --- |
| Signature of applicant:(electronic signature is accepted) | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

1. **Payment**

The appeal fees are published on the CILEX website.

**Apprentices**

Following receipt of this appeals form, CILEX will add an invoice to your account for the appeal fee. You must pay the fee through your myCILEX portal.

**Employers/Training Providers**

CILEX will use the information provided in Section 2 of this form for invoicing purposes.

Please accept this as confirmation and authority that, upon receipt of the CILEX Appeals Form, we agree to pay to the Chartered Institute of Legal Executives the appropriate fee.

|  |  |
| --- | --- |
|  | Insert **X** to confirm |
| Please invoice the employer/training provider for the full amount payable |[ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:(electronic signature is accepted) | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

**CILEX Invoice Policy**

CILEX will invoice within **5 working days** of receipt of the form. Payment terms will be strictly **30 days** from the date of invoice.