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|--------------------------|---|----------------------|----------------------|----------------------|
| Appeal fee paid:         | <input type="text"/>  |                      |                      |                      |
| Signature of College     | <input type="text"/>  |                      |                      |                      |
| Official: Date received: | <input type="text"/>  |                      |                      |                      |
| A/C Reference No:        | <table border="1"><tr><td>1101/22/A</td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | 1101/22/A            | <input type="text"/> | <input type="text"/> |
| 1101/22/A                | <input type="text"/>  | <input type="text"/> |                      |                      |

## Annex A Examination Appeal Application Form

### Section 1

To be completed by the Appellant and returned with the fee

Full name:

College Reference Number:

Contact address including postcode:

FRCA Examination Primary/Final date:

Candidate number:

Please summarise in 50 words the grounds on which you base your Appeal.  
(If you wish to submit a more detailed account, please attach additional pages):

Appeals will only be entertained which allege impropriety or bias of some kind in the organisation, content, conduct or determination of the result of the examination. *No Appeal may be made which relates solely to matters of the examiners' judgement.* Please indicate on what basis your appeal is made:

Organisational issues

Content of the examination questions

Conduct of the examination

Determination of the result

If your Appeal is successful, please indicate what outcome you are seeking (this is required for the information of the Chair only and the Panel may reach another conclusion from those listed below):

No further action

Upgrading of a previously allocated section mark, and to be declared successful if this change so affects my overall examination result

My examination result to be declared void and that I re-sit the examination without payment of any fee

Some other result (please specify below)

Signed:

Date:

The Appeals Clerk will review this request to appeal and will send a link to make payment.

**Section 2****To be completed by the Director**

Full name:

*In 50 words, please summarise the grounds on which the earlier Review was rejected.  
(Please give a full account on separate pages if desired):*

Please return this form to:

Attention: Appeals Clerk  
examreviews@rcoa.ac.uk

**NOTES**

- 1 Section 1 to be completed by the Appellant and returned to the Reviews Clerk; the Appeals Clerk is to forward a copy to
- 2 the Director. Section 2 to be completed by the Director and returned to the Appeals Clerk.
- 3 Completed form to be copied to the Appellant, the Director and members of the Appeal Panel.