# Learner Application for an Enquiry about a Test Result

This form is to be submitted to WAMITAB within **10 working days** of the date your test result was issued by WAMITAB.

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| **Your full name** |  |
| **Your address** |  |
| **Your telephone number** |  |
| **Your email address** |  |
| **Name of your centre** |  |
| **Date of the test** |  |
| **Date you received your results from the centre** |  |

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| **Please state the reason for your enquiry** |
|  |

The fee for processing an enquiry is £10. Please make a cheque payable to WAMITAB and post this form together with this completed form to:

Quality Assurance

WAMITAB

Peterbridge House

3 The Lakes

Northampton

NN4 7 HE

If the decision is to alter the test result, the fee will be returned.

**Signature:** **Date:**