# Centre Application for an Enquiry about a Test Result(s)

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

|  |  |
| --- | --- |
| **Name**  |  |
| **Job role** |  |
| **Telephone number**  |  |
| **Qualification**  |  |
| **Date of the test**  |  |
| **Date you received your results from WAMITAB**  |  |

|  |
| --- |
| **Please list the names of the learners and their dates of birth**  |
|  |

|  |
| --- |
| **Detail the specific reasons for your enquiry**  |
|  |

See WAMITAB Enquiries and Appeals Policy available on the WAMITAB website. Please submit your form to WAMITAB via email to info.admin@wamitab.org.uk. On receipt of your application WAMITAB will invoice the centre.

I agree to pay the invoice on behalf of the centre.

|  |  |
| --- | --- |
| **Name**  |  |
| **Position** |  |
| **Date**  |  |

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