

Learner Support Fund

APPEAL FORM



Please complete this form if you would like to appeal against the decision made regarding your Learner Support Fund application.

Please return the completed form to Learner Services as soon as possible. Your appeal will be assessed by college management and you will be notified of the outcome of your appeal within 2 weeks.

LEARNER SECTION:

Learner Name _____

ID No. _____

Mobile Phone Number _____

Course Title _____

Tutor _____

My current attendance is _____%

Reason for appeal (please circle):

Travel award withheld

Funding application rejected

Fund closed

Other (please state): _____

Please give a brief explanation why you are appealing for help from the Learner Support Fund and the reasons you have had to appeal:

Signature _____

Date ____/____/____

TUTOR SECTION:

The learner overleaf is appealing the decision made for their Learner Support Fund.

If you feel that they have extenuating circumstances and you believe that continued support would ensure learner attendance and contribute to a successful learning outcome, please indicate so below:

Tutor Name _____ Tutor Signature _____

Date ____/____/____

TO BE RETURNED TO LEARNER SERVICES AS SOON AS POSSIBLE

LEARNER SERVICES TEAM USE ONLY:

Overall decision: Approved Not Approved

Comments:

Staff Member _____

Signature _____

Date ____/____/____

Note made on ProSolution

Student Notified