Application for an Enquiry about an examination result (candidate)



This application must be submitted to City & Guilds within 40 working days of the date your examination result was issued by City & Guilds.

Full name (name given w	hen enrolled)			
Address				
Telephone nu	umber			
Email address	5			
Centre name				
Centre name				
Centre number				
City & Guilds candidate enrolment number (eg ABC1234)				
If you do not know your enrolment number, please provide your date of birth				
Qualification and exam (component) number (eg 3748-01, 311)				
Date of exam	ination (dd/m	nm/yy)		
Date City & Guilds issued the results (dd/mm/yy)				
Candidate dec	claration			
I enclose a ch	eque to cove	r the processing fe	ee	
		grade awarded to s the grade origina	me following this Enquiry may be lower than, ally awarded.	
Signature				
Date				

See City & Guilds Enquiries and Appeals – the process and how to apply on City & Guilds website – www.cityandguilds.com for current fee details.

Please clearly detail the specific reason for your enquiry					
Please use this box for any additional supporting information (there is no requirement to provide this)					

Please return your completed form to: Enquiries and Appeals Co-ordinator, Qualification and Assessment Development, City & Guilds, 1 Giltspur Street, London EC1A 9DD