# 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.

|  |  |
| --- | --- |
| **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**  |  |

|  |
| --- |
| **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:**