# 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.

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

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| **Please list the names of the learners and their dates of birth** |
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| **Detail the specific reasons for your enquiry** |
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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](mailto: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.

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

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