Quality Assurance
Level 5, 234 Wakefield Street
PO Box 2615, Wellington 6140
0800 4BCITO (0800 422 486)
national.moderator@bcito.org.nz
www.bcito.org.nz

MODERATION AND CONSENT TO ASSESS APPEAL FORM

This form is for Providers to use if they wish to appeal a BCITO decision about moderation or consent to assess. If you are an apprentice wishing to appeal an assessment decision, please use the 'Appeal of Assessment' form found in your ROW and theory manuals.

PROVIDER DETAILS		
Name of Provider:		
Address of Provider:		
Provider contact – name and role:		
Phone Number:	Work:	Email:
NZQA Identification Number:		

APPEAL DETAILS	
MODERATION APPEAL ☐	Date of moderation report:
CONSENT TO ASSESS APPEAL ☐	Date of consent to assess application:
Please write a detailed description of the basis for your appeal. Continue on extra sheets if necessary.	
Signature of Appellant:	Name:
Date Appeal Submitted:	

Please send this completed form to the National Moderator – contact details above.

OFFICE USE ONLY		
APPEAL PROCESSING		
Allocated to reviewer (name)		
Review result	UPHELD ☐ / DECLINED ☐ *(attach report)*	
Subsequent action (as appropriate) and notes:		
• New result forwarded to NZQA		
• Letter drafted to appellant (attached)		
Reviewer Signature:		Date:

Authorised by National Moderator:		Date:
Comment:		