

**STAGE 2: APPEAL APPLICATION FORM
INDEPENDENT REVIEW**

This form must be fully completed to be accepted

Surname:	First name(s):
Postal Address:	
Email address:	Telephone Number:
Qualification:	Candidate No.:
Language / Language Combination:	
Pathway (DPSI only):	
Signature:	Date:

Typing your name above will be taken as being as binding as your signature

INDEPENDENT REVIEW APPLICATION DETAILS – INDICATE RELEVANT QUALIFICATION AND UNITS (please √ as required)	
CIOL Qualifications Level 7 Diploma in Translation	Unit 01 <input type="checkbox"/> Unit 02 <input type="checkbox"/> Unit 03 <input type="checkbox"/>
CIOL Qualifications Level 6 Diploma in Public Service Interpreting	Unit 01 <input type="checkbox"/> Unit 02 <input type="checkbox"/> Unit 03 <input type="checkbox"/> Unit 04 <input type="checkbox"/> Unit 05 <input type="checkbox"/>



CIOL Qualifications Level 6 Diploma in Police Interpreting	Unit 01 <input type="checkbox"/> Unit 02 <input type="checkbox"/> Unit 03 <input type="checkbox"/> Unit 04 <input type="checkbox"/> Unit 05 <input type="checkbox"/>
CIOL Qualifications Level 3 Certificate in Bilingual Skills – Police	Unit 01 <input type="checkbox"/> Unit 02 <input type="checkbox"/> Unit 03 <input type="checkbox"/>

Please provide full details to support your application:

Please note that this application form will be returned if insufficient details are provided to initiate the appeal request. Please submit any additional and relevant supporting evidence together with this application form.



PAYMENT DETAILS	PRICE (£)	QUANTITY	SUM TOTAL
CIOL Qualifications Level 7 Diploma in Translation	£300 per Unit		£
CIOL Qualifications Level 6 Diploma in Public Service Interpreting	£300 per Unit		£
CIOL Qualifications Level 6 Diploma in Police Interpreting	£300 per Unit		£
CIOL Qualifications Level 3 Certificate in Bilingual Skills – Police	£300 per Unit		£
TOTAL AMOUNT			£

Please send this form by email to : appeals@ciol.org.uk

PAYMENT DETAILS

You can pay via Bank Transfer or credit card (except American Express).

Please ✓ your preferred method of payment:

<p style="text-align: center;">BACS</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>Bank transfer to CIOL Qualifications account, please see details below:</p> <p>Bank Transfer (BACS) Account name: IoL Educational Trust Bank name: Royal Bank of Scotland Sort code: 16-00-15 Account no: 23122157 Swift Code (BIC): RBOSGB2L IBAN no: GB58RBOS 16001523122157</p> <p>Please write the transaction reference here:</p> <div style="border: 2px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>	<p style="text-align: center;">Debit/Credit card</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>A member of the Client Services Team will phone you to collect payment over the phone.</p>
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PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS