



## TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION COUNCIL (TVET CDACC)

### ASSESSMENT APPEALS FORM

#### SECTION I: CANDIDATE DETAILS

Full Name: \_\_\_\_\_

Identification Number (ID): \_\_\_\_\_

TVET CDACC Registration Number: \_\_\_\_\_

Contact Information: \_\_\_\_\_

#### SECTION II: ASSESSMENT DETAILS

Assessment Centre Name: \_\_\_\_\_

Assessment Centre Code: \_\_\_\_\_

Course and Level: \_\_\_\_\_

Unit of Competency: \_\_\_\_\_

Unit Code: \_\_\_\_\_

Assessment Series & Year: \_\_\_\_\_

#### SECTION III: GROUNDS FOR APPEAL (TICK AS APPROPRIATE)

Nature of Appeal: Canceled Results

Special Needs Candidates

Other: \_\_\_\_\_

Details of Appeal (Attach supporting documents if necessary):

- **For Canceled Results:** Provide a written statement explaining the grounds of appeal.

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- **For Special Needs Candidates:** Describe the challenges faced during the assessment process.

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- **For Other Special Circumstances:** Provide a description of the issue encountered.

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Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV: ASSESSMENT CENTRE ENDORSEMENT**

Name of Centre Manager: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**SECTION V: TVET CDACC ACKNOWLEDGMENT**

Name of Receiving Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

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## TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION COUNCIL (TVET CDACC)

### ASSESSMENT OUTCOME REMARKING REQUEST FORM

#### SECTION I: CANDIDATE DETAILS

Full Name: \_\_\_\_\_

Identification Number (ID): \_\_\_\_\_

TVET CDACC Registration Number: \_\_\_\_\_

#### SECTION II: ASSESSMENT DETAILS

Assessment Centre Name: \_\_\_\_\_

Assessment Centre Code: \_\_\_\_\_

Course and Level: \_\_\_\_\_

Unit of Competency: \_\_\_\_\_

Unit Code: \_\_\_\_\_

Assessment Series & Year: \_\_\_\_\_

#### SECTION III: REMARKING REQUEST DETAILS

Reason for Remarketing Request (Attach any supporting documents if necessary):

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Remarketing Fee Payment Reference (attach evidence): \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION IV: ASSESSMENT CENTRE ENDORSEMENT

Name of Centre Manager: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**SECTION V: TVET CDACC ACKNOWLEDGMENT**

17. Name of Receiving Officer: \_\_\_\_\_

18. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

19. Remarks: \_\_\_\_\_

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