

**Request to Amend QTAGs 2021
Form: QTAG Amendment Form**

To be completed by the Head of Centre

Centre Name:		Centre No:	
Programme Title & Level:		Prog. Code:	
Learner name(s)	Original Grade Applied	New Grade (to be applied)	Learner registration number(s)

Please provide us with the following information:

A full explanation as to when and how the error occurred and how it was identified:		
Details of the actions taken as a result to ensure future errors do not occur	Persons responsible	Date

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DECLARATION	
<p>I confirm that:</p> <ul style="list-style-type: none"> • The details contained within this action plan are valid and correct. • We understand that the completed action plan and associated evidence are open to review/audit by Pearson at any time. • Details of actions are included. <p>This Action Plan <i>must</i> be signed by the Head of Centre.</p>	
Head of Centre name	Head of Centre signature
Date	
Centre contact name	Centre contact signature
Date	
Email address	