DBS Appeal form

| Name: | ID number: |
| --- | --- |
| E-mail address: | Telephone: |
| Programme title/course name: | Date of DBS panel |
| Please summarise the reasons for the DBS panel (the box will expand as you type). |
| Grounds for appeal *(please delete as appropriate)** Unreasonableness of the decision
* Procedural failure
* You have new evidence that, for good reason, was not made available to the panel
 |
| Please summarise your reasons for appeal (the box will expand as you type). Please include any personal circumstances prevailing at the time of the offence or panel. |
| Please list the supporting evidence you are attaching to this appeal (the box will expand as you type). Please include a copy of the DBS panel outcome letter. |
|  |

# Student declaration *Please read and sign (a typed signature is acceptable).*

# By signing this appeal form I confirm the above information and supporting evidence is true and accurate.

Signature: ………………………………………………….. Date:……………………………………

Please submit form, report and evidence to the Student Casework team.