Appeal against a fitness to practise decision

*Please use this checklist before submitting your appeal*

To lodge an appeal against a fitness to practise decision you must submit this form and the information outlined below within **10 days** of the decision being communicated to you.

**Grounds for appeal**

Is your appeal based on one or more of the following grounds?

|  | Yes | No |
| --- | --- | --- |
| * Procedural irregularities in the fitness to practise process
 | Go to evidence checklist | Seek advice |
| * Bias or perception of bias at any point in the process
 |
| * New evidence not previously available to the panel may undermine their decision
* The decision was unreasonable in all the circumstances
 |

**Evidence checklist**

Your appeal *must* include the following information.

|  |
| --- |
| 1. A completed appeal form
 |
| 1. A covering letter outlining the circumstances of your appeal
 |
| 1. Independent supporting evidence
 |

Your appeal will not be processed if the above information is missing.

**Obtaining advice**

We strongly suggest you obtain advice from the Students’ Union or Student Casework team *before* submitting your appeal against a fitness to practise decision.

**The appeal process**

The appeal process is detailed in [Section 9, Appendix17 of the Academic Regulations](https://www.edgehill.ac.uk/document/appendix-17-fitness-to-practise-procedures-2021-22/). Please make sure you are familiar with the process before submitting your appeal.

Appeal against a fitness to practice decision

Please read the checklist or contact the Students’ Union or Student Casework team

*before* completing this form.

| **Name:** | **ID number:** |
| --- | --- |
| **Faculty:** | **Level:** |
| **Email address:** | **Telephone:** |
| **Programme title:** |
| **Professional body:** |

| **Under which ground(s) are you submitting your appeal?** | *Tick* |
| --- | --- |
| Procedural irregularity in the assessment process |  |
| Bias or perception of bias |  |
| New evidence has come to light which, for good reason was not available to the panel and may now undermine their decision |  |
| The decision made by the panel was unreasonable in all the circumstances |  |

**Have you included the following information with your appeal?**

|  |  |
| --- | --- |
| A covering letter *(delete as appropriate)* | Yes / No |
| Independent supporting evidence *(delete as appropriate)* | Yes / No |

# 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. I have read the appeal process and understand the possible outcomes of this appeal. I understand that advice and guidance is available from the Students’ Union.

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

Please contact the Student Casework team with any queries