**Application for a Appeal**

Read this form carefully, then complete sections 1 and 2 and submit it via your student email along with any supporting evidence to admin@setantacollege.com

The form will be completed by the college and returned to you as a notification of the outcome of the appeal.

**This form relates to the process for an appeal.**

As indicated in the *Policy for Managing Learner Recheck, Review and Appeal*, an appeal is defined as:

An **appeal** is where a learner formally requests that the decision or judgement of a lower authority is referred to a higher authority (i.e., the Appeals and Review Committee) for reconsideration.

**1. Student Information and Declarations (completed by the student)**

**1.1 Student Details**

|  |  |
| --- | --- |
| **Surname** | Click or tap here to enter text. |
| **First Name(s)** | Click or tap here to enter text. |
| **Programme** | Click or tap here to enter text. |
| **Programme Cohort** | Click or tap here to enter text. |

**1.2 Checklist and Declaration**

**Note:** Do not submit this application until you have completed this checklist and signed below.

|  |  |
| --- | --- |
| **Checklist** | **Tick** |
| I have read and understood the Policy and the associated Procedure for Appeals before completing Section 2 below. |[ ]
| I have included verifiable evidence in support of my application. | [ ]  |
| I understand that making an assertion, with no evidence to support it, does not meet any grounds for appeal. | [ ]  |
| I have completed this form to the best of my knowledge and included all relevant information. |[x]
| I understand that it is my responsibility to demonstrate that I have grounds for an appeal. |[x]
| I confirm the information provided is accurate per my knowledge. |[x]
| **Dated** | Click or tap here to enter text. |

**2. Student Assessment Information (completed by the student)**

**2.1 Decision**

|  |
| --- |
| **Identify the decision that you want to appeal. Please be specific e.g. “The decision of the Board of Examiners to award me X%”** |
| Click or tap here to enter text. |

**2.2 Grounds**

**Note:** This section gives you the opportunity to choose the grounds you wish to appeal under and explain why they are appropriate.

|  |  |
| --- | --- |
| **Grounds for Appeal** | **Tick** |
| Evidence that Setanta College did not follow an established procedure in the making of a decision. |[ ]
| Circumstances or information of which the original decision-making body was not aware when its decision was taken, and there is a valid, substantiated reason why that information was not made available by the student. | [ ]  |
| Evidence of substantive bias by one or more of the decision-makers in arriving at a decision. | [ ]  |
| Click or tap here to enter text. |

**2.3 Evidence**

**Note:** Remember that the college will not consider appeals that are not supported by verifiable evidence that the grounds you have mentioned above are valid.

|  |
| --- |
| **Summarise the evidence you have in support of your appeal, which may be appended to your application.** |
| **Summary of Evidence** | **Type of Evidence** | **Submitted** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**2.4 Option to make oral representation at an appeal hearing**

|  |
| --- |
| **You may apply to attend the appeal hearing to make an oral submission to support the evidence you have submitted here.*****Please note no new evidence can be introduced during the appeal hearing – attendance is the for the purpose of providing clarification only.*** **Please detail here why you feel your attendance at the meeting would benefit your appeal.** |
| Click or tap here to enter text. |

**3. Determinations (Completed by the College)**

**3.1 Decision Being Appealed**

|  |
| --- |
| **Please select decision being appealed** |
| Choose an item. |
| **If you selected ‘other’ please provide detail below:** |
| Click or tap here to enter text. |

**3.2 Verification Checklist**

|  |  |
| --- | --- |
| **Question** | **Tick** |
| Received within the review window?  |[ ]
| Student declaration complete?  | [ ]  |
| Supporting evidence received? | [ ]  |
| **Completed by** | Click or tap here to enter text. |

**3.3 Decision on Grounds and Validity of Application**

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes/No** | **Name of Decision-Maker** |
| Response from the original decision-maker required? [if so, section 4 below must be completed] | Choose an item. | Click or tap here to enter text. |
| Does the student have valid grounds for an appeal? | Choose an item. | Click or tap here to enter text. |
| Appeal to proceed to hearing? | Choose an item. | Click or tap here to enter text. |
| Student to attend appeal hearing? | Choose an item. | Click or tap here to enter text. |

**4. Response on Factual Accuracy of the Student’s Appeal by the Original Decision-Maker (to be completed by the original decision-maker if required)**

**Note:** This is a response to the factual accuracy of the student’s assertions in their appeal. Matters unrelated to the decision being appealed should not be included. Sections which do not apply should be marked “Not Applicable or N/A”

**4.1 Report**

|  |
| --- |
| ***Ground 1*****Where the student has asserted that due process or a particular procedure was not followed, please describe the facts of the process that led to the decision and respond to the student’s evidence as applicable.** |
| Click or tap here to enter text. |
| ***Ground 2*****Where the student asserts that you did not have all necessary information to make the decision please complete below and respond to the student’s evidence as applicable.** |
| Click or tap here to enter text. |
| **Did you have the information referenced by the student?** | Choose an item. |
| Click or tap here to enter text. |
| ***Ground 3*****Where the student asserts that bias was shown, please respond to the student’s evidence.** |
| Click or tap here to enter text. |

**Completed By**

|  |  |
| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |

**5. 5 Appeal Hearing Report (to be completed at the appeal hearing)**

|  |  |
| --- | --- |
| **Appeal Hearing Date** | Click or tap here to enter text. |
| **Appeal Committee Members** | Click or tap here to enter text. |
| **Note taker** | Click or tap here to enter text. |
| **Witnesses (if relevant)** | Click or tap here to enter text. |
| **Information provided****(section 2.3)** | Click or tap here to enter text. |
| **Additional Information requested** | Click or tap here to enter text. |
| **Appeal Hearing outcome** | Choose an item. |
| **Rationale for decision including evidence relied upon** | Click or tap here to enter text. |
| **Consequences of Decision** | Click or tap here to enter text. |

**5.1 Signature (Appeal Committee)**

|  |  |  |
| --- | --- | --- |
| **Appeal Board Member** | **Approved** **(Yes/No)** | **Date** |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |