# Appeal Application Form re Progression from AO3 to AO2

## General Information to be completed by the Candidate:

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| Title and Name: |  | | |
| Faculty/Division: |  | | |
| School/Discipline/Area: |  | | |
| Name of the Committee against which you are appealing: | Professional Staff Review Committee | | |
| Grade and scale point you were on at the time of application for progression from AO3 to AO2 : |  | | |
| Nature of application e.g. Progression from AO3 to AO2: |  | | |
| Outcome of application for Progression: |  | | |
| Date of the communication of the decision that you are now appealing (enclose the decision): |  | | |
| Telephone Extension |  | e-mail address |  |

I confirm that the information contained in this application for appeal is accurate to the best of my knowledge. I confirm that I wish to have the Ad Hoc Appeals Committee Review the decision under the areas set out in this form. I understand that the decision of the Ad Hoc Appeals Committee is final.

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| **Signature:** |  |

## Appeal

Please set out below the substance of your case, and how you believe that the relevant Committee failed to follow the terms of their own procedures. Please add more boxes if required.

|  |  |
| --- | --- |
| **Procedure Section Reference – please indicate below the procedure section(s) you believe have not been followed.** | **Please set out below the alleged failure of process under the relevant point.** |
| *Insert procedure reference* |  |
| *Insert procedure reference* |  |
| *Insert procedure reference* |  |

## Additional Information

Please note here any additional information you wish to bring to the attention of the Committee.

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## Documentation Submitted

The Ad Hoc Appeals Committee shall only consider the application form and supporting documentation that were originally submitted for review.

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| **Please list your documentation below** | **Please set out the relevance of the item you are including** |
| Please enclose a copy of the decision that you are appealing and note in this box: |  |
| Please enclose your original application form including organisation chart and job description documentation that were submitted for review: |  |
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## Authorisation by Head of School/Area/Line Manager

(Candidates note - if your original application required dual endorsement, please include an authorisation from each of the parties)

Head of School/Area/Line Manager Note - Please be aware that the Ad Hoc Appeals Committee, as part of the process may wish to meet with you to discuss this appeal.

I confirm that I have reviewed this documentation and endorse this application, and the attached documentation, for an appeal in line with the Appeals Policy.

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| Title & Name of  Head of School / Area: |  | | |
| Signature 1: |  | | |
| Telephone Extension: |  | e-mail address |  |
| Date: |  | | |
| Title & Name of Line Manager 2 (if appropriate): |  | | |
| Signature 2 (If appropriate): |  | | |
| Telephone Extension: |  | e-mail address |  |
| Date: |  | | |