

# System leader or teaching school application decision appeal form

This form has been designed to outline your case to appeal against judgements made by the designation panel.

In accordance with the published system leaders procedure an appeal may be made on the basis of:

* a view that an incorrect judgement against the agreed and published criteria has been made
* a belief that incorrect procedures have been followed resulting in an applicant being unsuccessful

**Please note the panel will only admit evidence that was available at the original assessment, no new evidence will be taken into account.**

On completion of this form, please return by email to [Systemleader.APPEALS@education.gov.uk](mailto:Systemleader.APPEALS@education.gov.uk) by the deadline notified.

The team will confirm receipt of your designation appeal form via email within three working days, they will also confirm the date of the panel, and when you should expect to receive the outcome.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Appellant details: | | | | | | |
| Appellant name: | | |  | | | |
| Appellant school: | | |  | | | |
| Preferred contact telephone number: | | |  | | | |
| Contact email address: | | |  | | | |
| Which designation type is your appeal regarding (please tick): | | | | | | |
| Teaching School |  | National Leader of Education/National Support School | |  | National Leaders of Governance |  |

|  |  |
| --- | --- |
| Please state the basis for your appeal: (250 words) | |
| I believe that an **incorrect judgement** has been made | Yes/No |
| Please outline why you believe you have grounds to appeal based on your original evidence | |
| I believe that **incorrect procedures** have been followed | Yes/No |
| Please give a reason(s) for this | |

## Declaration

I can confirm the details provided in this form are correct and complete and I understand that the information I have given will be reviewed and hereby give my permission for my details to be retained.

Signed (Appellant): …………………………………………………………………..

Print Name (Appellant): …………………………………………………………….

Date: ……………………………………………………………………………….

Please note: emailed forms do not need to be hand-signed, forwarding of this form by email will be taken as the equivalent of a signature, so care should be taken that this is not sent from a general mailbox address

|  |  |  |  |
| --- | --- | --- | --- |
| Office use only: | | | |
| Date form received: |  | | |
| Date confirmation sent: |  | | |
| Date information sent to panel: |  | | |
| Panel outcome: |  | Panel date: |  |
| Additional panel recommendations: |  | | |

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