

# Review of Designation Decision Appeal form

This form has been designed to collect evidence to support your case to appeal against judgements made by the Review of Designation panel.

In accordance with the published Review of Designation appeals 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

On completion of this form, please return by email to Systemleader.APPEALS@education.gov.uk and mark for the attention of the Senior Manager, Designation Review within 10 working days of receiving the notification email.

The designation review team will confirm receipt of your designation appeal form via email within 3 working days. The designation review team will also confirm the date of the panel, and when you should expect to receive the outcome.

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| **Appellant details:** |
| Appellant name: |  |
| School name: |  |
| Preferred contact telephone number: |  |
| Contact email address: |  |

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| **Which designation type is your appeal regarding (please tick):** |
| Teaching School  |  |
| National Leader of Education/National Support School |  |
| National Leader of Governance |  |

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| **Please state the basis for your appeal (please tick):** |
| I believe that an **incorrect judgement** has been made |  |
| I believe that **incorrect procedures** have been followed |  |
|  **Please outline why you believe you have grounds to appeal:** |
|  |

**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.

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| **Office use only:** |
| Date form sent to appellant:  |  |
| Date form received: |  |
| Form received by: |  |
| Date information sent to panel: |  |
| Panel outcome: |  | Panel date: |  |
| Additional panel recommendations: |  |

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