**NOTIFICATION OF APPEAL**

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| **Name** |       |
| **GMC Number** |       | **Grade** | Choose an item. |
| **Programme** |       |

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| **Specify the decision against which you are appealing and your grounds for appeal** |
|       |

You should submit this form traineeinformation.sw@hee.nhs.uk

A copy of this form should also be sent to the relevant Education Programme Manager. You will receive a formal response to this form within seven working days.

The Appeals Procedure can be found within the Policy, which you should follow to ensure that your Statement of Case is prepared and can be considered at your Appeal. Please attach any evidence relevant to your appeal.

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| I have read the Appeals Procedure and can confirm that I will present evidence in support of my appeal against the decision. |
| **Signed** |       | **Dated** | Click to enter a date |