**APPENDIX 5**

**NOTIFICATION OF APPEAL FORM**

You are required to complete this form and submit it within ten (10) workings days of receiving written notification of the decision of your Hearing/Meeting. Your written notification will state who the completed appeal form should be sent to. Once you have formally submitted your Appeal, it will be acknowledged in writing.

Late appeals or appeals on any other grounds will only be considered in exceptional circumstances.

You are advised to consult your representative before submitting this completed form.

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| **Full Name: Job Title:**  **Contact Number: Department / Division:**  **Immediate Line Manager’s Name:**  **Name of TU Rep/Workplace Colleague:**  **Contact Number of Representative:** |

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| --- |
| **Date original Hearing/Meeting held:**  **Chair of the Hearing/Meeting:**  **Reason for Hearing/Meeting: Disciplinary / Grievance or Dispute /**  **/ Bullying and Harassment / Redundancy\***  **Sanction imposed/decisions made/outcome:**  \* delete as appropriate |

**Your reason for appealing**

I wish to formally appeal on the grounds of:

(please tick relevant box)

Information arising that was not available at the time the decision was made

Undue severity or inconsistency of the sanction

The Trust’s policy and procedure have not been followed properly

NB If you are claiming information not available at the time you MUST explain why the previously undisclosed information was not presented at the Hearing before the decision you are appealing against was made.

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| **Provide details of the grounds of your appeal:** |

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| --- |
| **My representative is available on the following dates:** |

|  |
| --- |
| **The following documentation is attached with my appeal form:**  **Medical evidence enclosed YES / NO**  **Supporting evidence enclosed YES / NO**  **Other relevant documents enclosed YES / NO**  **List the documentation:** |

I confirm that the above statements are true to the best of my knowledge, information and belief. I understand that making any false, malicious or untrue allegations may result in disciplinary action being taken against me by the Trust. (In the most serious cases, making false, malicious or untrue allegations can be treated as gross misconduct).

I give my consent for this information to be circulated to relevant members of staff on a need-to-know basis for the purpose of investigating my appeal.

**Signature: Date of Submission: ……………………**

(Person raising appeal)

**PLEASE RETAIN A COPY OF THIS FORM AND ALL ITS ATTACHMENTS**

**FOR YOUR RECORDS**

**Manager’s Signature: Date of Receipt:**

**Appeal Meeting Date:** (Manager to attach outcome/decision letter and notes of meeting)