



NELTA SUPPORT PLAN AND CAUSE FOR CONCERN

APPENDIX A – REVIEW MEETING OUTCOME APPEAL FORM

Trainee details			
Name:		Placement Schools:	
Subject:		Training route:	
Date:			
Appeal Information			
Date:			
Date of Panel Hearing:			
Were you informed of the outcome of the Exam Board Panel within 10 working days of the hearing?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, were you informed of the reasons for delay? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<u>Grounds for Appeal</u> <i>Please explain:</i> <ul style="list-style-type: none">• The ground(s) of your appeal;• Their materiality to the decision to cease training: and• The detriment you have suffered as a result. Provide as much detail as possible. Attach additional sheets if required.			

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APPENDIX A – REVIEW MEETING OUTCOME APPEAL FORM Continued

<u>Outcome Requested</u> If your appeal is successful, what steps would you like to be taken and why would it be appropriate to take them?	
6. Declaration I confirm that the above statements are true to the best of my knowledge, information and belief.	
Trainee's Signature:	
Date:	