**Appendix 3 - Appeals Form**

If you wish to appeal the decision of the Fitness to Practise Committee, please submit this completed form to the Deputy President of DCU, Albert College, DCU Glasnevin campus or by email to [deputypresident@dcu.ie](mailto:deputypresident@dcu.ie). The appeal must be lodged within 7 days of the outcome of the Fitness to Practise Committee.

**Section A - Details of the Appellant**

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Student ID: |  |
| Email: |  |
| Mobile: |  |
| Home Address: |  |
| Programme of Study: |  |
| Year of Study: |  |

**Section B - Details of the Decision Being Appealed**

|  |  |
| --- | --- |
| Date of Hearing: |  |
| Decision of the Fitness to Practise Committee being appealed: |  |

# Section C – Grounds for Appeal

**Tick the relevant box below.**

|  |  |
| --- | --- |
| There is new evidence or evidence which was, for good cause, not  presented to the Fitness to Practise Committee which might reasonably have  resulted in a different decision |  |
| There were procedural irregularities (including administrative errors) which might give rise to reasonable doubt as to whether the Fitness to Practise Committee would have reached the same decision had they not occurred. |  |
| The findings of the Fitness to Practise Committee do not warrant the resolution that there was a breach of practise as charged |  |
| The penalty imposed by the Fitness to Practise Committee was unreasonable having regard to all the circumstances of the case |  |

# Section D – Evidence for submission to the Fitness to Practise Appeals Committee (i.e. evidence not made available to the Fitness to Practise Committee)

|  |  |  |
| --- | --- | --- |
| Is evidence being submitted? (please X as appropriate) | Yes | No |

|  |
| --- |
| If yes, describe the evidence and explain why this was not made available to the Fitness to Practise Committee at the time of the hearing. Submit this evidence along with your appeal. |

|  |
| --- |
| If relevant, please provide the names and contact telephone numbers and email addresses of any witnesses who can and are willing to corroborate the evidence you are providing. |

# Section E – Statement to Support Appeal

Provide a concise statement to support the appeal.

|  |
| --- |
|  |

**Signature of appellant:**

**Date on which Appeal submitted:**