**Accredited Registers**

**Appeal Form**

# Register name

# Decision being appealed against

## Please check one of the below boxes:

## [ ]  Refusal to grant accreditation

## [ ]  Refusal to renew accreditation

## [ ]  Removal of accreditation

## [ ]  Suspension of accreditation

## [ ]  Imposition of Conditions.

# Grounds for appeal

## Please check one or more of the below boxes.

## [ ]  We have deviated from our processes

## [ ]  We have not taken due account of evidence that was submitted for an accreditation decision

## [ ]  We have mis-interpreted evidence, failed to place due weight on relevant factors or our analysis was otherwise flawed.

## If the reason you think our decision was flawed falls outside of these areas, please describe why in the box below.

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# Detail of appeal

## Please provide detail of your appeal in the box below against the ground(s) that you have selected. Please attach any relevant documentation as evidence to support your appeal and list these documents in the box below.

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# Preferred outcome of appeal

## Please outline your preferred outcome of the appeal process in the box below.

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# Declaration

## Please complete the declaration by checking the below boxes and adding the requested details. This must be signed by a senior responsible officer within the appellant register.

## [ ]  I have read and understood the Accredited Registers Appeal Policy and completed all sections of this form accurately to the best of my knowledge.

## [ ]  I have completed this form and attached all relevant documentation to support my appeal.

## Name:

## Job title:

## Signature:

## Date: