**Regulations Governing Fitness to Practise**

Fitness to Practise Appeal

This form should be submitted to the Curriculum and Quality Assurance Team in the Faculty in which you are registered within **10 working days** of notification of the decision giving rise to the appeal.

In completing this form, please refer to the Regulations Governing Fitness to Practise and the guidance notes, which can be found at the end of this form.

You are strongly encouraged to seek advice from the Students’ Union Advice Centre in preparing this documentation. Email [advice@susu.org](mailto:advice@susu.org) or telephone +44 (0)23 8059 2085.

# Section 1: About You

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| **Student ID no** |  | | | |
| **First Name** |  | **Title** |  | |
| **Family Name/Surname** |  | | | |
| **Address for correspondence** |  | | | |
| **Telephone contact** |  | | | |
| **Email contact** |  | | | |
| **Faculty** |  | | | |
| **Year of Study** |  | | | |
| **Programme of study** |  | | | |
| **Date you first enrolled on your programme of study**  ***(eg 2019/20)*** |  | | | |
| **Year of regulations under which appeal is made** | **Current year** | | |  |
| **Regulations in force at date of registration\*** | | |  |
| **\* If not using the current year regulations, please explain substantial disadvantage** |  | | | |

# Section 2: Your request for appeal

## 2 (a) The decision you are appealing against.

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| **Date the decision was communicated to you. (dd/mmm/yyyy)** |  |
| **Please state your preferred outcome(s).** |  |

## 2 (b) You may only appeal against a decision if you can show on a balance of probabilities that you satisfied one or more of the three grounds in Section A, paragraph 12.2 of the [Regulations Governing Fitness to Practise](http://www.calendar.soton.ac.uk/sectionIV/student-appeals.html) .

*Please confirm on which of the grounds you are basing your appeal (select all that apply):*

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| **That you possess new substantive information supported by evidence which you did not know and/or could not reasonably have obtained in time to present to the Chair or to the Panel** |  |
| **That the Chair or the Panel has significantly failed in due process and this affected its decision** |  |
| **That the outcome is disproportionate to the concerns raised** |  |

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| **That you possess new substantive information supported by evidence which you did not know and/or could not reasonably have obtained in time to present to the Chair or to the Panel** | |  |
| 1. **Describe the new substantive information and the date this information became known to you.** |  | |
| 1. **Explain how you believe this information would have impacted on the decision appealed if the board or panel making the decision had been in possession of the information at the time it made the original decision.** |  | |
| 1. **Explain why this information was not known to know and/or why the evidence detailed below could not reasonably have been obtained in time to present to the first board or panel or the University which made the original decision.** |  | |
| 1. **List documents you are submitting as evidence for your appeal.**   Please be aware that if you intend to rely upon evidence that has implications for a third party, this evidence may, in the interests of natural justice, be shared with that third party. The third party may also be requested to give evidence to any panel or individual member of staff investigating your case. | **Description of Documents** | |
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| **That the Chair or the Panel has significantly failed in due process and this affected its decision** | |  |
| 1. **Describe the significant failure in due process.** |  | |
| 1. **Explain how you believe this affected the decision.** |  | |
| 1. **List documents you are submitting as evidence for your appeal.**   Please be aware that if you intend to rely upon evidence that has implications for a third party, this evidence may, in the interests of natural justice, be shared with that third party. The third party may also be requested to give evidence to any panel or individual member of staff investigating your case. | **Description of Documents** | |
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| **That the outcome is disproportionate to the concerns raised** | |  |
| 1. **Please explain why you feel the outcome is disproportionate to the concerns raised.** |  | |
| Please be aware that if you intend to rely upon evidence that has implications for a third party, this evidence may, in the interests of natural justice, be shared with that third party. The third party may also be requested to give evidence to any panel or individual member of staff investigating your case. | **Description of Documents** | |
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# Section 3: Declaration

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| **I declare that the information given in this form is true to the best of my knowledge and that I am willing to answer further questions relating to it if necessary. I confirm that I understand that:**   * **any documentation submitted as part of my appeal will be shared with members of the Partial and/or Full Fitness to Practise Appeal Committee as well as those administering the appeals process and the investigator, as set down in the Regulations;** * **any documentation that has implications for third parties may also be shared with those third parties in the interests of natural justice;** * **where necessary, the Fitness to Practise Appeal Committee may take steps to verify the accuracy of any points raised in my appeal;** * **information, making clear my progression position (e.g. Special Considerations outcomes), may be provided to the Fitness to Practise Appeal Committee, as well as those administering the appeals process.** | | | |
| **Student signature:** |  | **Date (dd/mmm/yyyy):** |  |

*This form should be submitted to the Curriculum and Quality Assurance Team of the Faculty in which you are enrolled* ***within 10 working days*** *of the date the decision you wish to appeal was first communicated to you.*

# Guidance notes: completion of the form

### Section 1: about you

* **Student ID** – enter your University ID number which can be found on your ID card
* **Name** – enter your full name
* **Address for correspondence** – address you wish to be contacted at
* **Telephone contact** – enter all telephone numbers we may use to contact you e.g. home, mobile/cell
* **Email contact** – ideally this will be your University of Southampton email address
* **Faculty** – enter the name of the Faculty you are enrolled to study in
* **Year of study** – enter the year you are current in, e.g. 1st, 2nd
* **Programme of study** – enter the title of the course you are studying
* **Date you first enrolled on your programme of study** – enter the month and year e.g. October 2007 in which you started your course
* **Year of regulations under which appeal is made** – check one box to confirm if you are (a) using the current year appeal regulations or (b) those in force at the time you first registered. Each year the University reviews and improves its regulations in order to provide clear robust procedures, which are student centred with the intention that all appeals will be processed according to the regulations, which have been approved for the current year. You may apply to use the appeal regulations in force when you first registered for your programme only if you can demonstrate that you will be substantially disadvantaged by having to use the current Appeal Regulations.
* **If not using current regulations please explain substantial disadvantage** – if you are using the current regulations then do not check this box. If you are using the regulations in force at the time you registered, you must explain here why you believe you would be substantially disadvantaged by using the current regulations.

### Section 2: your request for appeal – Grounds for Appeal

2 (a) **The decision you are appealing against.**

* Please state the decision you are appealing against – e.g. termination of registration, conditions of Fitness to Practise Panel.
* Please confirm the date that the decision was first communicated to you.
* Please confirm what you would like to happen as a result of your appeal.

2 (b) **You may only appeal against a decision if you can show on a balance of probabilities that you satisfy one or more of the three grounds**

* Please check the box next to the ground(s) under which you are appealing.

In the next pages, you must give more detail about the ground(s) you are appealing on.

If you are appealing on the grounds:

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| **That you possess new substantive information supported by evidence which you did not know and/or could not reasonably have obtained in time to present to the Chair or to the Panel** | **Complete Page 3** |
| **That the Chair or the Panel has significantly failed in due process and this affected its decision** | **Complete Page 4** |
| **That the outcome is disproportionate to the concerns raised** | **Complete Page 5** |

**Please sign the form to declare that the information you have given is true to the best of your knowledge, that you are willing to answer further questions relating to it if necessary and that you understand your appeal documentation may be shared with the parties mentioned.**