

**Appendix 3: Support Through Studies**

***Appeal Form***

Students should use this form when they wish to appeal against a Case Conference Panel decision to either suspend or withdraw them from their programme of study. This form is used to lodge an appeal and should be submitted to the Executive Director within 21 days of formal written notification of the decision of the Stage 3 Case Conference Panel. Appeal forms should be submitted via email to the PA to the Executive Director, Sophie LeBellec: SophieLeBellec@csbschool.co.uk

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| **Name of Student** |  | **Student Number** |  |
| **Programme** |  | **Level of Study** (eg 4, 5, 6) |  |
| **Date of Case Conference Panel meeting** |  | **Name(s) of any staff supporting you** |  |
| **Name of Chair of Case Conference Panel** |  | **Name of Lead Contact for you under the Support Through Studies Procedures** |  |

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| 1. **Grounds under which you are making your Support Through Study appeal**

*(you may make your appeal under one or more of the grounds below; please tick all that apply)* |
| **a)** | That there is evidence of significant administrative or procedural error in the Support Through Studies process which affected the Case Conference decision |  |
| **b)** | That there is evidence of prejudice or bias in the Support Through Studies process, which warrants fresh consideration of the case |  |
| **c)** | That there is relevant additional or new information which was for valid reasons unable to be considered at the relevant time the Case Conference Panel made its decision, and which warrants further consideration of the case |  |
| **d)** | That the decision is unreasonable and/or will have a disproportionate negative impact on the student. The reasons why the decision is unreasonable and/or will have a disproportionate negative impact must be clearly articulated and supported with relevant satisfactory evidence, where applicable. |  |

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| 1. **Decision(s) of Case Conference Panel**

*(Set out below the full decision(s) of the Case Conference Panel. Please include all points of the decision, regardless of any you agree/disagree with.)* |
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| 1. **Your Appeal**

*(Set out below the main points of your appeal. Where you are appealing under more than one ground of appeal, please address each ground in turn. It is helpful when describing events if you can present these in chronological order.)* |
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| 1. **Supporting Evidence / Documentation**
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| *If you are submitting supporting documentation/evidence with your appeal, please list below each piece of documentation you are including with this form. There is no limit to the number of documents you can submit in support of your appeal. However please ensure all documentation submitted is relevant and listed below.* |
| **No.** | **Title/Description of documentation** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

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| 1. **Your preferred outcome/resolution(s)**

*(Please set out below your desired outcome and any resolution(s). Please note that this is to assist the School in understanding what resolution(s) you seek and to take this into account in the consideration of your appeal. We ask you to bear in mind that there is no guarantee that your desired outcome/resolution(s) will necessarily be feasible or granted, as all resolutions are at the discretion of the Support Through Studies* *Appeal Panel (should one be appointed).* |
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| 1. **Declaration**
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| I have read and understood Central School of Ballet’s Support Through Studies Policy.I confirm that all of the information I have provided in this form, and have submitted with this form in support of my appeal, is complete, accurate and true. I understand that submitting false statements or representation in support of my appeal constitutes a misconduct offence under the Non-Academic Misconduct Policy.I give my consent that my appeal may be disclosed, to the extent necessary for its consideration to relevant members of the School, external experts and independent members of staff from other higher education institutions. I authorise the Appeal Adjudicator of this appeal, and (if appointed) the Support Through Studies Appeals Panel, to consider this appeal submission and any relevant information held by the School to the extent necessary for the consideration of my appeal.I give permission for the School to seek verification of the authenticity of any statements or evidence provided with this appeal.Student signature:Date: |