# Cork Education and Training Board

## APPEAL AGAINST A DECISION TO REFUSE ENROLMENT TO A FURTHER EDUCATION AND TRAINING COURSE

## APPLICATION FORM

**This form should be used for the making of an appeal to the CETB College or service that declined to offer a place on a Further Education and training Course**

**In general appeals must be made within 5 Working days of receipt of the notification to decline an application**

# APPEAL APPLICATION

1. **Personal Details**

***An appeal can only be taken by a student, or in the case of a student who has not yet reached the age of 18 years, by their parent/guardian.***

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| --- | --- | --- |
| **Name:** |  |  |
| **Name Of Student (If Under 18 Years Of Age):** |  |  |
| **Address:** |  |  |
|  |  |
|  |  |
| **Home Telephone Number:** |  |  |
| **Mobile Telephone Number:** |  |  |
| **Date Of Birth:**  |  | **D** | **D** | **M** | **M** | **2** | **0** | **Y** | **Y** |
| 1. **COURSE DETAILS**
 |
| **Name Of Course Applied For:** |  |  |  |  |  |  |  |  |  |
| **Course Code (If Known):** |  |  |  |  |  |  |  |  |  |
| **Date When You Were Notified Of The Decision By The College/Service:** |  | **D** | **D** | **M** | **M** | **2** | **0** | **Y** | **Y** |

1. **DETAILS OF PROCEEDINGS AT LOCAL LEVEL:**

***Please give details below of any appeal or review proceedings that have taken place at local level in this case.***

***Please state the outcome of these proceedings.***

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*(Extra pages may be added)*

1. **GROUNDS ON WHICH THE DECISION IS BEING APPEALED (please tick):**

|  |  |
| --- | --- |
| **Failure to follow clear procedures as detailed in the CETB Admissions Code of Practice** |  |
| **Belief that you have been subject to discrimination on one or more of the stated grounds** |  |

**Please state clearly the grounds on which the decision is being appealed.**

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*(Extra pages may be added)*

**PLEASE ENCLOSE COPIES OF ALL CORRESPONDENCE WITH THE COLLEGE/SERVICE IN RELATION TO THIS MATTER**

**YOU MAY ALSO ENCLOSE ANY OTHER RELEVANT DOCUMENTATION IN SUPPORT OF YOUR CASE**

**An Appeals Panel will be convened to hear your application, and you will be informed of the time and date of the Appeal Hearing, and be invited to attend and address the Appeals Panel in person, if you so wish. . You may bring one person with you to the meeting to speak on your behalf. Notification of who, if anyone, will be attending the Appeals Panel on your behalf must be submitted in writing to the Principal/ Service Manager no later than three days before the date of the Appeals Hearing.**

**A decision not to attend the Appeals Hearing will not lead to any inference by the Appeals Panel and the panel will consider your case solely on its merits and the information available to it.**

I certify that the information given above is true. I understand and authorise that all documentation considered relevant may be accessed as part of this appeal process, and I understand that all documentation provided by me in relation to this appeal, including this application form will be released to the members of the Appeal Panel.

|  |  |  |
| --- | --- | --- |
| **Signature:** |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Date:** |  | **D** | **D** | **M** | **M** | **2** | **0** | **Y** | **Y** |

**Office Use Only**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Appeal received** |  | **D** | **D** | **M** | **M** | **2** | **0** | **Y** | **Y** |