**NOTIFICATION OF APPEAL FORM**

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| Name:  Grade: Year & Level:  Workplace (if any):  Name of representative: |

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| Specify the decision of the Associate Postgraduate Dean against which you are appealing: |

You should submit this form to the appropriate Deputy Postgraduate Dean, whose details can be obtained from your LTFT Training Administrator.

A copy of the form should be sent to the LTFT Training Administrator at the same address. You will receive a formal response to this form within 7 working days.

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| I have received and read the Appeals Procedure, and can confirm that I will present evidence in support of my appeal against the decision of the Associate Dean.  Signed: Date: |