**Initiating a Fitness to Practise Appeal**

Before completing this form, you should ensure please read the KMMS Low Level Concerns, Fitness to Practise Procedures, available online at: <https://kmms.ac.uk/about/policies/>

This form must be completed by all students submitting a Student Fitness to Practice Panel Appeal. It must be submitted to casehandling@canterbury.ac.uk not later than **10 working days** of receiving the written outcome of the Student Fitness to Practise Panel.

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| **Name** |  |
| **Student ID Number** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Course Title** | Bachelor of Medicine, Bachelor of Surgery |

**Please mark at least one of the boxes BELOW to indicate your grounds for Appeal**

A student has the right to appeal a Fitness to Practise Panel decision providing that satisfactory evidence can be produced by a student that:

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| 1. The decision-making process did not follow the procedures;
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| 1. The panel reached an unreasonable decision;
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| 1. The proposed action is disproportionate or not permitted under the procedures;
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| 1. There was bias or reasonable perception of bias during the procedure;
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| 1. The sanctions were unreasonable;
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| 1. Insufficient account was taken of presented extenuating circumstances evidence;
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| 1. There are new material facts that became known only after the meeting of the Panel.
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| How, and on what date, were you notified about the decision against which you are appealing?  |
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| What would be your desired outcome from this Appeal? |
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| Please outline your reasons for making this Appeal, including all relevant dates and details.  |
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(Continue on another sheet if necessary)

I confirm that I have read and understood KMMS Low-Level Concerns, Fitness to Study and Fitness to Practise Procedures and that the information contained in this form is, to the best of my knowledge, correct.

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| **Signed:** |  | **Date:** |  |

Please email your completed form and all relevant evidence to casehandling@canterbury.ac.uk