Hibernia College Quality Framework

## APPEAL APPLICATION FORM

Read this form carefully, then complete sections 1 and 2 and submit it as a Word document via your student email along with any supporting evidence to [**AAO@hiberniacollege.net**](mailto:AAO@hiberniacollege.net)

THIS FORM WILL BE USED BY THE COLLEGE AND RETURNED TO YOU WITH NOTIFICATION OF THE OUTCOME OF YOUR APPEAL

As indicated in the ***Appeals Policy***, Learners may choose from one of the two following options when seeking to challenge a decision specified in the ‘Right to challenge a decision’ section of the Appeals Policy. **This form relates to the process for an appeal to a committee, the second of these options.**

|  |
| --- |
| **A review is** an appeal where a learner formally requests the maker of a formal decision, or a person acting on their behalf, to review that decision, i.e. reconsider it in the light of concerns expressed by the appellant under one or more of the three grounds of appeal.  **An appeal is** where a learner formally requests that the decision or judgement of a lower authority is referred to a higher authority, that is the Appeals Committee, for the reconsideration of the decision or judgement in the light of concerns expressed the appellant under one or more of the three grounds of appeal. |

# Student Information and Declarations (completed by the student)

## Student Details

|  |  |
| --- | --- |
| **Name** | Click to type your name here. |
| **Student Number** | Click to type your name here. |
| **Programme** | Select your programme title from the drop-down menu. |
| **Programme Cohort** | Click to type your cohort here. |

## Checklist and Declaration

*Note: Do not submit this application until you have completed this checklist and signed below. Applications for appeal incur a fee of €150 which is refunded if your appeal is upheld. The appeal service will not be provided until payment is received.*

|  |  |  |
| --- | --- | --- |
| **Statement** | | **Tick** |
| I have read and understood the **Policy** and the associated **Procedure** for Appeals before completing Section 2 below.  [These are available on [www.HiberniaCollege.com/quality-framework](http://www.HiberniaCollege.com/quality-framework). For any clarifications, contact [AAO@hiberniacollege.net](mailto:AAO@hiberniacollege.net)] | |  |
| I authorise a member of the Hibernia College Finance Team to contact me to charge my credit/debit card €150 as payment of the fee for this service. | |  |
| I understand that I must have valid grounds to appeal. I understand that if I make an appeal and it is adjudicated that I do not have grounds, the fee will still be charged. | |  |
| I have included verifiable evidence in support of my application. | |  |
| I understand that making an assertion, with no evidence to support it, does not meet any grounds for appeal. | |  |
| I have completed this form to the best of my knowledge and included all relevant information. | |  |
| I understand that it is my responsibility to demonstrate that I have grounds for an appeal. | |  |
| I confirm the information provided is accurate per my knowledge. | |  |
| Dated | Click or tap to enter a date. | |

# Student Appeal Information (completed by the student)

## Decision

|  |
| --- |
| **Identify the decision that you want to appeal. Please be specific e.g. “The decision of the Board of Examiners to award me X%”** |
| Click to type your name here. |

## Grounds

*Note:* *This section gives you the opportunity to choose the grounds you wish to appeal under and explain why they are appropriate.*

|  |  |
| --- | --- |
| **Grounds for Appeal** | **Tick** |
| * 1. **Evidence that Hibernia College did not follow an established procedure in the making of a decision.** |  |
| * 1. **Circumstances or information of which the original decision-making body was not aware when its decision was taken, and there is a valid, substantiated reason why that information was not made available by the student.** |  |
| * 1. **Evidence of substantive bias by one or more of the decision-makers in arriving at a decision.** |  |
| Use this space to describe why your chosen grounds are appropriate. | |

## Evidence

*Note: Remember that the college* ***will not*** *consider appeals that are not supported by verifiable evidence that the grounds you have mentioned above are valid.*

|  |  |  |
| --- | --- | --- |
| **Summarise the evidence you have in support of your appeal, which may be appended to your application.** | | |
| **Summary of Evidence** | **Type of Evidence** | **Submitted** |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |

## Option to make oral representation at an appeal hearing

|  |
| --- |
| **You may apply to attend the appeal hearing to make an oral submission to support the evidence you have submitted here.**  ***Please note no new evidence can be introduced during the appeal hearing – attendance is the for the purpose of providing clarification only.***  **Please detail here why you feel your attendance at the meeting would benefit your appeal.** |
| Click or tap here to enter text. |

# Determinations (completed by the College)

## Decision Being Appealed – please initial correct option

|  |  |
| --- | --- |
| **Please select Decision Being Appealed** | **Initials** |
| Choose an item. | Click or tap here to enter text. |
| **If you selected ‘other’ please provide detail below:** | |
| Click or tap here to enter text. | |

## Verification Checklist

|  |  |
| --- | --- |
| **Question** | **Tick** |
| Received within the appeal window? |  |
| Supplementary Fee paid? |  |
| Student declaration complete? |  |
| Supporting evidence received? |  |
| **Completed by:** Click to type your name here. | |

## Decision on Grounds and Validity of Application

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes/No** | **Initials** |
| Response from the original decision-maker required? [if so, section 4 below must be completed] | Choose an item. | Click to type your name here. |
| Does the student have valid grounds for an appeal? | Choose an item. | Click or tap here to enter text. |
| Appeal to proceed to hearing? | Choose an item. | Click or tap here to enter text. |
| Student to attend appeal hearing? | Choose an item. | Click or tap here to enter text. |

# Response on Factual Accuracy of the Student’s Appeal by the Original Decision-Maker (to be completed by the original decision-maker if required)

Note: This is a response to the **factual accuracy** of the student’s assertions in their appeal. **Matters unrelated** to the decision being appealed should **not** be included. Sections which do not apply should be marked “Not Applicable or N/A”

## Report –

|  |  |
| --- | --- |
| ***Ground 1***  **Where the student has asserted that due process or a particular procedure was not followed, please describe the facts of the process that led to the decision and respond to the student’s evidence as applicable.** | |
| Click or tap here to enter text. | |
| ***Ground 2***  **Where the student asserts that you did not have all necessary information to make the decision please complete below and respond to the student’s evidence as applicable.** | |
| **Did you have the information referenced by the student?** | Choose an item. |
| Click or tap here to enter text. |  |
| ***Ground 3***  **Where the student asserts that bias was shown, please respond to the student’s evidence.** | |
| Click or tap here to enter text. | |

# Completed by:

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

# Appeal Hearing Report (to be completed at the appeal hearing)

|  |  |
| --- | --- |
| **Appeal Hearing Date** | Click or tap to enter a date. |
| **Appeal Committee Members** | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| **Note taker** | Click or tap here to enter text. |
| **Witnesses (if relevant)** | Click or tap here to enter text. |
| Click or tap here to enter text. |
| **Information provided**  **(section 2.3)** | Click or tap here to enter text. |
| **Additional Information requested** | Click or tap here to enter text. |
| **Appeal Hearing outcome** | Choose an item. |
| **Rationale for decision including evidence relied upon** | Click or tap here to enter text. |
| **Consequences of Decision** | Click or tap here to enter text. |

## Signatures (Appeal Committee)

|  |  |  |
| --- | --- | --- |
| **Appeal Board Member** | **Approved**  **(Yes/No)** | **Date** |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |