

Louth and Meath 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 LMETB 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.

Name:									
Name Of Student (If Under 18 Years Of Age):									
Address:									
Home Telephone Number:									
Mobile Telephone Number:									
Date Of Birth:	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	2	0	Y	Y
D	D	M	M	2	0	Y	Y		

2. COURSE DETAILS

Name Of Course Applied For:									
Course Code (If Known):									
Date When You Were Notified Of The Decision By The College/Service:	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	2	0	Y	Y
D	D	M	M	2	0	Y	Y		

(Extra pages may be added)

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

Failure to follow clear procedures as detailed in the LMETB 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.

(Extra pages may be added)

4. DETAILS OF PROCEEDINGS AT LOCAL LEVEL:

Please give details below of any contact made with regard to this appeal.

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. 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.

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
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Office Use Only

Date Appeal received

D	D	M	M	2	0	Y	Y
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