Selection Appeals Application Form

Please refer to the Selection Appeals Policy and Procedure prior to completing this application. Appeals must be submitted within five (5) working days of the receipt by the Appellant of the decision under appeal. Upon receipt of the email a member of College staff will contact the Appellant to arrange payment of the €150 appeals fee. This can be paid over the phone with a credit or debit card.

Candidate Appellant Name	
Date of Birth	
Decision Under Appeal	
Date of Decision Under Appeal	
Grounds for Appeal	
Appeals must be accompanied by documentation relevant to the decision under appeal, including any supporting evidence for consideration. The Appellant must also include documentary evidence of mitigating circumstances where this forms the grounds for their appeal (see section 3.3.3 of the Selection Appeal Policy).	
Candidate Appellant Signature	I have read and understood the Selection Appeals Policy and Procedure, have outlined the grounds for appeal, and have enclosed all documentation in my possession relevant to the decision under appeal. Signed: _____ Date: _____

Please submit this application as follows: By post to: GP Training Irish College of General Practitioners 15 Hogan Place Dublin 2 DO2 DK23 By email to: gptraining@icgp.ie	