**RCSI Appeal Application Form**

Please ensure you have read and understood the Appeals Policy before completing the below.

All applications must be submitted within 14 working days of the examination date, late applications will not be considered.

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| RCSI: Professional Examinations Appeal Application Form |

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| **Your Personal Details** | |
| **Family Name** |  |
| **First Name** |  |
| **Personal Identification Number** |  |
| **Date of Birth** |  |
| **Full Address for Correspondence** |  |
| **Contact Phone Number** |  |
| **e-mail Address** |  |

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| **Appeal Details** | | |
| **Examination Name** |  | |
| Please indicate the reason for your appeal by ticking one of the boxes below. | | |
| **Procedural Defects or Irregularities** | |  |
| **Exceptional Personal Circumstances** | |  |

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| **Grounds for Appeal** | |
| For an appeal to be considered, you must meet one of the following criteria below. Please tick the relevant box(es). RCSI Appeal Regulations allow an application for review to be submitted on the following grounds: | |
| In keeping with RCSI Regulations, you possess prima facie evidence of apparent procedural irregularity in the conduct of the process (i.e. evidence that RCSI appears to have failed to have followed its own conventions or regulations properly); |  |
| In keeping with RCSI Regulations, you possess prima facie evidence of exceptional circumstances relevant to the decision which was not available to the Board when its decision was reached and you can provide good reason for not having made the Board aware of this evidence previously; |  |
| **If your issue does not fall within the grounds stated above then your appeal will not have grounds to proceed.** | |

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| **Please provide comprehensive information to support your appeal. Please continue on to separate page(s) as required.** |
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| **Check list of relevant documentation** | | | | | |
| **Medical evidence enclosed** | | **Yes** |  | **No** |  |
| **Supporting evidence enclosed** | | **Yes** |  | **No** |  |
| **Any other relevant documentation enclosed** | | **Yes** |  | **No** |  |
| **Appeal Fee Enclosed (€150.00)** | | **Yes** |  | **No** |  |
| **Signature** |  | | | | |
| **Date** |  | | | | |