Reasonable adjustment appeal guidance and application form

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# Appeals guidance

## Grounds for appeal

If your request for a reasonable adjustment is not granted or partially granted, you may appeal this decision. The grounds for appeal are:

1. there was a procedural error that affected the outcome of the decision.
2. there is credible evidence you could not have obtained, or was known to you, at the time of the application, and would have an important influence on the decision.

The following are **not** grounds for an appeal:

* there is evidence you could have obtained, or were aware of, at the time the application was made. If you failed to engage with the GPhC, or there was a lack of communication throughout the adjustment process, this may be taken into consideration and could potentially impact your grounds for an appeal.
* There is a new reason for requesting a reasonable adjustment, which you were unaware of at the time of making your application.
* If you are not satisfied with the duration the adjustment(s) has been granted for. If you wish to request an adjustment for a longer period, you must submit a new request with additional and substantial evidence.

If you have a new reason to make a reasonable adjustment request, you must decide whether, without the adjustment(s), you are fit to sit. If you decide you are not fit to sit without the adjustment(s), providing you are eligible, you can apply to sit the next sitting and submit a new reasonable adjustment request.

To submit an appeal, you must complete the **application form for an appeal against a decision made by the adjustments panel** at the end of this document and submit this with appropriate evidence by the appeals deadline.

## Evidence for an appeal

Appeals must be supported with evidence from an appropriately qualified professional such as a doctor, healthcare or educational professional, or another appropriately qualified person who has been involved in your care for the condition you have requested an adjustment.

If you are appealing on the grounds there was a procedural error, you should obtain a statement, email, or letter from a member of the GPhC staff that explains how the procedural error occurred where possible. This letter or statement must set out how the error affected the outcome of the decision.

If you are appealing on the grounds there is valid evidence that could not have been obtained or known at the time of the application, you will need to provide a letter or statement that confirms why the new evidence was not available earlier. This must explain how the new evidence would have an important influence on the decision. You will also need to provide the new evidence, which must meet the requirements for requesting a reasonable adjustment.

## Where to send your appeal

The instructions included with the appeals form explains how and where to submit your appeal. It is your responsibility to ensure your application is sent to us in the correct format, to the correct email address, and by the deadline date.

# Application form to appeal

**Use this form to appeal a decision made by the adjustments panel.**

Please make sure you have read the [Requesting a reasonable adjustment for the registration assessment webpage](https://www.pharmacyregulation.org/requesting-reasonable-adjustment-registration-assessment) before you submit your appeal.

You must email your application form and all supporting evidence to adjustments@pharmacyregulation.org. All applications must be in either MS Word or .pdf file format. Do not send each page of the application form and evidence separately as this will be returned to you. You are responsible for making sure all attachments are clearly scanned or copied.

If you have any questions, have issues filling in this form, or submitting evidence, you can phone the GPhC contact centre on 0203 713 8000.

We will use this information to track your application for an appeal against a decision made by the adjustments panel. The GPhC appeal panel will use the information on the following pages to assess your application, but they will not see your name, candidate training number or any other personal details, and we will make the form anonymous. This is to make sure all decisions are fair, and consistent, and to eliminate any bias in the decision-making process. For more information, [see our privacy policy on the main GPhC website](https://www.pharmacyregulation.org/privacy-policy).

## Personal details

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| --- | --- |
| First name  |       |

|  |  |
| --- | --- |
| Last name |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate training number (GPhC or PSNI) |    |    |    |    |    |    |    |
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## Grounds for appeal

* 1. **I am making an appeal on the ground(s) that: (tick all that apply)**

**[ ]  a**. there is reasonable grounds to believe there was a procedural error that affected the outcome of the decision.

**[ ]  b.** there is credible evidence you could not have obtained, or was known to you, at the time you made the application, and would have an important influence on the decision.

## Supporting statement

**Explain how your circumstance has met the ground(s) for appeal.**

If you are appealing **under ground a.** give details of how the procedural error occurred.

If you are appealing **under ground b.** give details of the new evidence and explain why you were unable to submit evidence earlier.

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## Evidence

**List below each of the supporting evidence from an appropriately qualified professional you are providing. For each piece of evidence, include the type and date of the evidence.**

**Refer to the information on appeals in the guidance attached to the form to check the evidence you are providing is acceptable for your indicated ground(s) of appeal.**

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## Declaration

**I declare that:**

* 1. **I have read the *Guidance for requesting a reasonable adjustment in the registration assessment*, completed the form and provided supporting evidence as part of my appeal.**
	2. **I have provided the information in this form to help the GPhC decide whether my appeal should be upheld.**
	3. **I understand and accept that this information may also be used in the future to decide on an application for entry to the register or to assess my fitness to practise, and that the GPhC may ask for updated information at any such time for these purposes.**
	4. **To my knowledge, the information I have given is accurate, complete and has been submitted in good faith.**

You can print this form and manually sign it below or add an electronic signature using Adobe Fill & Sign – see the instructions below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Signed Date

**Adding your signature using Adobe Fill & Sign**

Click on the ‘sign’ icon in the Fill & Sign toolbar and select ‘Add signature’. You can add your signature in two ways:

Click on the ‘Draw’ icon and use your mouse to draw your signature (much as you would when accepting a package delivery)

Click on the ‘Image’ icon (first you will need to take a photograph of your signature and save it to your PC) and then select the image you have saved of your signature.

**Please note that we will not accept a typed signature.**