



THE SOCIETY FOR _____
CARDIOLOGICAL SCIENCE & TECHNOLOGY

SCST endeavours to treat all information submitted as part of an academic appeal in a confidential manner. Please be advised that information contained in this appeal may be reviewed by academic staff in the University where you studied and by the members of the Appeal Board

| REQUEST FOR APPEAL | |
|--|----------------------------|
| SECTION A (Personal Details) | |
| Name in full | Examination Number |
| Address | |
| | |
| Contact Telephone Number | |
| Contact email address | |
| University | |
| Examination type (e.g. Certificate in ECG, SCST part I or Part II exam) | Decision Appealing Against |
| SECTION B (Grounds for Appeal) <i>Please tick appropriate box</i> | |
| I believe SCST failed to take into account all work submissible and properly submitted for assessment | <input type="checkbox"/> |
| I believe there was a computational or administrative error in arriving at the decision. | <input type="checkbox"/> |
| I believe there were defects or irregularities in the conduct of the examination, or in written instructions, or in SCST advice about the examination AND these are of such a nature as to cause reasonable doubt as to whether the examiners would have reached the same decision had they not occurred. | <input type="checkbox"/> |
| I believe the examiners were aware of but did not fully consider defects or irregularities in the conduct of the examination or in written instructions or in advice relating thereto which had an adverse effect on my performance. | <input type="checkbox"/> |
| I believe there were exceptional personal circumstances not known to SCST previously which had an adverse effect on my performance. | <input type="checkbox"/> |
| I believe that the examiners were aware of but did not fully consider exceptional personal circumstances reported prior to the meeting of the Examination Board which had an adverse effect on my academic performance. | <input type="checkbox"/> |
| I believe that there was prejudice or bias or of inadequate assessment on the part of one or more of the examiners. | <input type="checkbox"/> |
| I believe that there is evidence that the supervision provided was inadequate and there were exceptional reasons why this had not been reported prior to the decision of SCST | <input type="checkbox"/> |
| SECTION C (Additional Information) | |
| Describe here why you believe you have grounds for Appeal. If you have cited exceptional personal circumstances as grounds for appeal, please ensure you provide the following: dates, as to when the circumstances occurred, which elements of your examination were affected, details of how the particular elements of your examination were affected | |
| | |
| | |
| | |
| SECTION D | |
| Provide an explanation for why the circumstances outlined above were not brought to the attention of your University or SCST. | |
| | |
| | |
| | |

| | |
|---|--|
| SECTION E (Desired Outcome – which must be in accordance with what is permissible under the relevant regulations) | |
| <i>Please tick as appropriate</i> | |
| Sit supplementary examination | <input type="checkbox"/> |
| Be permitted to sit examination as an external candidate | <input type="checkbox"/> |
| Be permitted to have my written examination re-examined | <input type="checkbox"/> |
| Be permitted to have my Individual Record of Clinical Practice re-examined | <input type="checkbox"/> |
| Other (please explain) | <input type="checkbox"/> |
| SECTION F | |
| You are advised to attach evidence of your grounds for appeal. Grounds for appeal which are not evidenced may not be considered. List any evidence attached (e.g. Medical Certificates, letters of support etc.) | |
| | |
| Have you ever applied for a deferral for any of the SCST examinations | |
| Yes <input type="checkbox"/> | Date _____ No <input type="checkbox"/> |
| CANDIDATE DECLARATION | |
| I declare that, to the best of my knowledge, all the information I have supplied/attached with this form is true, accurate and complete and acknowledge that the submission of fraudulent information could lead to SCST for the university taking action under the unfair practice procedures. | |
| I give my consent for this information to be circulated to the relevant members of staff for the purpose of investigating my Appeal | |
| Signed: | Date: |
| UNIVERSITY REPRESENTATIVE DECLARATION | |
| I confirm that this candidate is enrolled on the degree programme listed below and is eligible to appeal according to the regulations of the university. | |
| Name of degree award: | |
| Signed: | Date: |
| Title: | Official stamp |
| Please return to: Appeals Committee C/O SCST Administrator Executive Business Support (EBS), City Wharf, Davidson Road, Lichfield, Staffordshire, WS14 9DZ | |
| FOR ADMINISTRATIVE USE ONLY | |
| Received by | Date |