Update: 4/2018

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| Name: | **Address:** |
| Contact Number: | Email address: |

If you represent an organisation, please give its names, address and other contact details and confirm that you have been authorised to pursue the appeal on its behalf.

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1. What is the decision to be appealed, please state date, the matter it concerned and the parties to the decision. Please attach a copy marked “1”.

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2. What are the names, addresses, emails and telephone numbers of other parties to the decision and proposed by you as respondent(s) to your appeal?

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3. How do you say you have been adversely affected by the decision?

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4. On what date did it come to your attention or of the organisation you represent?

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5. What are the rules which you rely on and/or say are relevant? Please attached copies marked “5”.

6. ***An appeal will only lie to the TTE Board of Appeal if the decision was:***

1. ***In breach of the applicable rules and/or law; and/or***
2. ***In breach of natural justice and/or legitimate expectations; and/or***
3. ***Irrational and/or unreasonable (for example as regards the matters which it did and/or did not take into account?***

Please specify precisely the reasons why you say that the decision fell within these grounds of appeal.

7. What remedy are you seeking from the Board of Appeal, do you want the matter sent back to the decision-maker and if so, with what directions?

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8. What evidence do you see to rely on?

1. If you rely on any documents, please attach copies in paginated, chronological order marked “8”
2. If you rely on witnesses, please provide the names, addresses, telephone numbers and email address for each, and summarise the nature of his/her evidence.

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I confirm that I am authorized to pursue this appeal

Please sign: Date: