Update: 9/2022

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| Name:  TTiD: | **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 to this appeal? Please attached copies marked “5”.

6. ***An appeal will only lie to the TTE Appeals Panel if the decision was:***

6.1 refusal or neglect to exercise jurisdiction which there is a duty to exercise;

6.2 jurisdiction was improperly exercised;

6.3 action was taken beyond the limits of appropriate jurisdiction;

6.4 in the case of an appeal which had been made under Regulation 1.1, the County Association or ETTA Board disregarded Regulation 3;

6.5 the County Association or ETTA Board failed to observe Regulation 4;

6.6 the County Association or ETTA Board disregarded a relevant ETTA, County or League Rule or Regulation, the Laws of Table Tennis or the By-Laws;

6.7 the wrong issue or issues were decided;

6.8 an incorrect inference or conclusion was drawn from primary facts.

Please specify precisely the reasons why you say that the decision fell within which of these specific grounds of appeal. For the avoidance of doubt should the Appeals Panel decide in its absolute discretion that it does not have jurisdiction to hear an appeal, it may give such directions as it considers fit.

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

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8. What evidence do you seek 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, any dates of unavailability of those witnesses for the purposes of convening a hearing, and summarise the nature of the witness’s evidence

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I confirm that I am authorised to pursue this appeal

Please sign: Date: