## **Appendix – 11**

1. **REGISTRATION OF APPEAL**

**CAPABILITY APPEAL FORM**

This form is to be used to appeal against the decision to issue a first or final written warning made by Head Teacher, or against the decision to dismiss made by Governors. Appeals against warnings will be considered by the Warning Appeal Committee comprising of 3 Governors not previously involved. Appeals against dismissal will be considered by the Staff Dismissal Appeals Committee comprising 3 Governors, not previously involved. If you wish to exercise this right you must complete and return this form within 10 days of receipt of the letter confirming the decision and you must supply detailed reasons for your appeal (your case statement).

This form should be submitted to the person named in the outcome letter of your Capability Meeting.

## Employee Details:

|  |  |
| --- | --- |
| Name (in full): | |
| Post held: | School: |
| Contact Number(s): | Email Address: |

You are entitled to be represented by your trade union representative or work colleague at any stage of the formal procedure.

## Detail of TU Representative or Work Colleague supporting (if applicable):

|  |  |
| --- | --- |
| Name: | Contact Number(s): |
| If a Trade Union provide details: | |
| Email Address: | |

Please confirm, by ticking the relevant box(es) that you agree to your Trade Union or Work Colleague being contacted directly

* regarding arrangements for the Appeal Hearing to take place
* to receive all paperwork related to the case directly.

***Capability Meeting Details:***

|  |  |
| --- | --- |
| Name of Manager/Headteacher/Staff Dismissal Committee who made the decision: | Job Title: |
| Date of Capability Meeting: | Date Outcome Letter Received: |

I wish to register my appeal against the:

First Warning

Final Warning

Dismissal outcome of the above Capability Meeting.

## Signed: Date:

1. **GROUNDS FOR APPEAL**

You must provide detailed reasons, in writing, for your appeal (case statement) within 10 days of receiving written notification of the outcome of your Capability Meeting, to the person named in the outcome letter.

Please note: The Appeal is the final stage of the Capability procedure and there is no further appeal through the school’s internal procedures.

## **Please identify whether your appeal relates to one or more of the following reasons – if so, please tick where relevant and provide further details below. If not, please provide full details of the reason(s). This documentation will form your case statement.**

## **Continue on a separate sheet if necessary and attach any relevant information/evidence, as appropriate.**

|  |  |  |
| --- | --- | --- |
| **Procedure - a failure to follow procedure has had a material effect on the decision.** | | |
|  |  |  |
| Please supply details: | | |

|  |  |  |
| --- | --- | --- |
| **Decision - the evidence did not support the conclusion reached by the Head Teacher / Staff**  **Dismissal Committee** | | |
|  |  |  |
| Please supply details: | | |

|  |  |  |
| --- | --- | --- |
| **Sanction too severe given the circumstances of the case.** | | |
|  |  |  |
| Please supply details: | | |

|  |  |  |
| --- | --- | --- |
| **Alternative Action should (or should not) have been considered** | | |
|  |  |  |
| Please supply details: | | |