**Appendix 13**

THIS IS A TEMPLATE LETTER – PLEASE AMEND IT AS NECESSARY TO SUIT THE SITUATION

Please transfer to the school headed paper.

Address

Date

Dear

**NOTIFICATION OF APPEAL HEARING UNDER THE CAPABILITY POLICY AND PROCEDURE**

Further to the letter dated [date] confirming receipt of your Capability Appeal Form dated [date], I am writing to confirm that an Appeal Hearing has been arranged for you.

The details of the appeal hearing are as follows:

\* Amend/delete as appropriate.

**Date:**

**Time:**

**Venue:**

The following ground(s) for appeal will be considered:

* ***Detail ground(s) for appeal in full***

EITHER,

Appeals against first and final warnings:

The appeal will be heard by the Warning Appeal Committee comprising of 2 School Governors [***insert the names of the School Governors]***, advised by [***insert name of HR Lead]***. A note taker will also be present. The management case will be presented by **[*insert name].***

***OR***

Appeals against dismissal:

The appeal will be heard by the Staff Dismissal Appeal Committee comprising of the following 3 School Governors [***insert the names of the School Governors]***, advised by [***insert name of HR Lead].*** A note taker will also be present. The management *case* will be presented by [***insert name].***

You are entitled to be accompanied by your trade union or work colleague at this meeting, and I have attached a copy of this letter with enclosures for you to forward to them, if necessary. I would be grateful if you can notify me of their name in advance of the meeting.

[If not previously sent – must be sent 5 working days before the hearing] I enclose a copy of the Management Case Statement that will be presented at the Hearing by [name of manager].

You have already been given a copy of the School’s Capability Procedure, which you should bring with you to the Appeal hearing. If you would like a further copy, please let me know.

I appreciate this may be a difficult time for you. You can access the School’s 24-hour Employee Assistance Programme for completely independent confidential support and advice, by telephoning [insert the company details] on [insert telephone number].

If you have any queries in relation to the Appeal Hearing, please contact me on [telephone number].

Yours sincerely

First Name and Surname

**Job Title**

Name of School