

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

Appeal Form – Course Providers

This Appeal Form is intended for course providers who wish to appeal against the quality assurance process. Course providers are advised to read the Appeals Policy before submitting this form.

There is a fee of £50 for this service. The fee will be refunded if the appeal is upheld.

1. Applicant details	
Course Provider	
NEBDN centre number	
Course Provider address	
Contact name	
Contact email address	

2. Payment Details <i>(please confirm how you are paying the fee – tick one)</i>	
I have enclosed a cheque for £50 with this application form	<input type="checkbox"/>
I will contact you to pay £50 by debit/credit card <i>(please ring 01772 429917)</i>	<input type="checkbox"/>
Please invoice me for £50 <i>(accredited course providers only)</i>	<input type="checkbox"/>

3. Grounds for appeal <i>(please indicate on what grounds you are appealing)</i>	
There is evidence to indicate that there was an irregularity in the audit process or that NEBDN did not act in accordance with published regulations, processes or NEBDN Quality Standards	<input type="checkbox"/>
There was an apparent administrative error in the recording, processing or reporting of an audit or investigation	<input type="checkbox"/>
There is evidence to indicate that a decision was made and/or sanctions were imposed as a result of factually incorrect information	<input type="checkbox"/>

4. Declaration and signature	
I have read the NEBDN Appeals Policy before submitting this appeal	<input type="checkbox"/>
Applicant signature	Date

Please also complete page 2 of this form.

Post your completed form to NEBDN, NEBDN, Quayside Court, Chain Caul Way, Preston, PR2 2ZP
or scan and email to info@nebdn.org

5. Details of your appeal

Please provide full details of your appeal. You should justify your grounds for appeal and provide evidence to support your claim. You are strongly advised to read the NEBDN Appeals Policy before submitting an appeal.

You can use the space provided, continue on a blank sheet or attach a separate document.

For NEBDN use only

<i>Appeal assessed by:</i>		<i>Date assessed:</i>	
<i>Case rejected and appellant notified:</i>	<input type="checkbox"/>	<i>Date notified:</i>	
<i>Case established, fee processed, appellant notified:</i>	<input type="checkbox"/>	<i>Date sent to Appeal Panel:</i>	