

**Appeal application**

**for of the Assessment of Non – Accredited Qualifications**

**All appeals must be submitted to the IBMS within 8 weeks of the original outcome being issued.**

All applicants have the right to **one** appeal which is conducted by a second assessor.

Applicants may only appeal **under one** of the following criteria:

1. The original degree assessment submission did not contain all relevant documentation relating to the completed academic qualification(s) and further evidence is being provided in the appeal documentation.
2. The appeal is challenging the degree assessment outcome and no additional evidence is provided. (In this case the applicant must re-submit the original submission, clearly highlighting where relevant information for the appeal is present in the documentation).

*Additional qualifications which were* ***not*** *included in the original degree assessment cannot be submitted as part of an appeal. These must be submitted as a separate assessment and will incur a further assessment fee.*

**Submitting Your Appeal**

* All appeal documentation must be merged into one PDF file with no personal details visible.
* Any new evidence not previously included in the original degree assessment must be authenticated by your university (either on university headed paper OR stamped by the university OR signed by the university).
* All evidence which has been previously reviewed in the original degree assessment must be clearly highlighted to show the areas that you wish to be considered as part of the appeal.

**Please complete the appeal form (pages 2 and 3 below) and submit the form, with your appeal documentation to** **DegreeAssessment@IBMS.org**

**Degree Assessment Appeal Applicant Personal Details**

|  |  |
| --- | --- |
| **DAS case reference:** |       |
| **Forename(s):** |       |
| **Surname:** |       |
| **Date of birth:** |       |

**Topic Areas to be Appealed**

|  |  |
| --- | --- |
| **Basic Knowledge** |  **(please tick)** |
| Human Anatomy and Physiology |       |
| Biochemistry |       |
| Cell Biology |       |
| Molecular Biology and Genetics |       |
| Immunology |       |
| Microbiology |       |
| **Clinical Specialism** | **(please tick)** |
| Cellular Pathology |       |
| Clinical Biochemistry |       |
| Clinical Genetics |       |
| Clinical Immunology |       |
| Haematology |       |
| Transfusion Science |       |
| Medical Microbiology |       |
| Research Skills / Research Project |       |

**Basis of Appeal**

|  |  |
| --- | --- |
| **Evidence Type** | **(please tick one option)** |
| I am submitting new evidence which has not previously been reviewed. |       |
| I am submitting evidence which has been previously reviewed and which has been highlighted to show the areas I believe have been overlooked. |       |

|  |
| --- |
| **Please use this space to provide any additional information, if applicable** |
|  |