



# CIBSE APPEAL FORM

Please complete all section of this form, clearly stating your grounds for appeal, and ensuring it is signed. For an official appeal to be registered you must submit the completed appeal form for review within three (3) months of receiving your results. If you have any questions please contact the membership team on +44 (0)208 772 3650

## PERSONAL DETAILS

Membership Number (If applicable)

Title  First Name(s)

Surname

Date of Birth  DD /  MM /  YY

Telephone No

Email

## GROUND'S FOR APPEAL

Select the grounds for appeal (Tick all that apply)

- Administrative procedures were not followed by CIBSE.
- The interview was conducted inappropriately.
- An unforeseen event occurred prior to or during the interview/assessment.

## APPLICANT'S DECLARATION

I certify that all of the statements made and the information provided in this form, as well as any supporting documents, are true. I confirm that I have read and understood the CIBSE's Appeal Procedure, as stated on the CIBSE website at [www.cibse.org/appealprocedure](http://www.cibse.org/appealprocedure)

Signature

Date

DD /  MM /  YY

## EXPLANATION

You should clearly explain and demonstrate the grounds for appeal, as selected above, in a concise manner. In the rare instance that supporting documentation is necessary, it must be relevant to the grounds for appeal.