Please read the guidelines before filling in this form.

Please complete the form, sign it and return it to the address given below.

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| **Your details** | |
| Title: | |
| Name: | |
| Address: | |
|  | |
| Postcode: | Society ID (if applicable): |
| Email: | |
| Telephone number: | |

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| **Details of the decision you are appealing** |
| Name of the Sub-Committee that made the original decision: |
| Date of the communication which advised you of that decision: |
| Please provide brief details of your initial application: |
|  |

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| **On what grounds are you appealing? (tick all boxes that are relevant)** |
| Grounds for appeal:   1. A misunderstanding of the facts by the original sub-committee 2. An error in law, rules or regulations in the original decision 3. Procedural irregularity 4. A failure to give adequate reasons   Please tick  □  □  □  □ |
| Please use the space below to explain why you believe the ground(s) for appeal that you have ticked is/are relevant. |
|  |

If available, please attach supporting documents. Please ensure that these are suitably referenced and specific.

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| **Your representative** | |
| You do not need to have a representative to appeal a decision. However, you are entitled to one. This can be anyone of your choosing and need not be a solicitor or legal representative.  If appropriate, please provide details of any representative that you have appointed. Note that the Society may copy all communications with you in connection with your appeal to your named representative. | |
| Name: | |
| Capacity: | |
| Address: | |
|  | |
| Postcode: | Telephone number: |
| Email: | |

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| **Your declaration** |
| I confirm that the information given in this form is correct and complete to the best of my knowledge and belief.  I authorise the Society to seek confirmation from third parties of any matters relevant to a proper consideration of this application. |
| Signature: |
| Date: |

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| **Returning the form** |
| Before returning the form, have you: |
| Signed the form? |
| Included all additional information? |
| Please return the form and supporting documents to :  [appeals@lawscot.org.uk](mailto:appeals@lawscot.org.uk)  or  The Appeals and Reviews Sub-Committee Secretary  The Law Society of Scotland  Atria One, 144 Morrison Street  EDINBURGH  EH3 8EX  or  LP1 EDINBURGH – 1 |

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| **What next?** |
| When we receive your application, we will contact you with details of when your appeal will be heard. If we need more information, we will ask you for it. Every effort is made to deal with your appeal as quickly as possible. The Sub-Committee usually meets on a monthly basis. |