

PQH (NI) Appeals form

Part 1 (to be completed by applicant/trainee headteacher)

Name of applicant/trainee headteacher:	
Preferred contact address:	
Telephone contact numbers:	Home: Mobile Work
Teacher's Reference number:	
Date of commencement of PQH (NI) (if relevant):	
School/employer name:	School Ref. No:
Appeal concerning: Application Assessment <input type="checkbox"/>	Graduation Assessment <input type="checkbox"/> <i>(please insert tick)</i>
Is the appeal: a) on the procedural grounds? <input type="checkbox"/>	or b) against the judgement? <input type="checkbox"/> <i>(please insert tick)</i>
Please explain why you have a case for appeal:	
Applicant/trainee headteacher signature:	
Date:	