

**DCAB DETERMINATION APPEAL FORM**

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| **Name and reference of the DCAB determination that you are appealing (please provide a link to the determination with this form):**   [Insert name, number and link] |
| **Date on which the DCAB determination was published:**  [Insert date] |
| **On which ground or grounds are you appealing the DCAB’s determination?**  This section, further to paragraph 5.2.1 of DIP Subsidiary Document DSD001, should set out the reason for the appeal and why you believe the wrong determination was made. *Explain why the determination unfairly prejudices your interests and/or why it is incorrect with respect to facilitating achievement of at least one of the DIP Applicable Objectives* |
| **Further to paragraph 5.2.1 of DSD001, please set out *what you want to happen* to address what you believe was prejudicial and/or incorrect.** |
| **Further to paragraph 5.2.1 of DSD001, please indicate here any *relevant timescales* (assuming that the appeal is upheld) for implementation and for any other actions to address what was prejudicial and/or incorrect.** |
| **Further to paragraph 5.2.1 of DSD001, please provide here *any other relevant supporting evide*nce you believe will support your claim that the DCAB determination was prejudicial and/or incorrect. For example, if you consider that the DCAB determination has any cross-code impacts that have not yet been properly considered, please set out those impacts here.** |
| **Finally, please indicate if you consider there to be *any other person or persons affected* by this determination.** |

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| **Details of Appellant:**  Organisation’s Name: |  |
| **Capacity in which the Appeal is raised:**  (eg, DIP Manager, DIP Service Provider, DIP User – if the latter, state which type) |  |
| **Details of the Appellant’s** **Representative:** Name:  Organisation Address:  Telephone Number:  Email Address: |  |
| **Details of the Representative’s Alternate:**  Name:  Organisation:  Telephone Number:  Email Address: |  |
| **Are you supplying attachments to this form?   Yes/No \*delete as appropriate** | If ‘Yes’ Please provide the title and number of pages of each attachment and whether it is confidential or not: |
| **Statement of truth**  **The appellant believes that the facts stated in this form are true.** | Name:  …………………………………………………………  Position:  ………………………………………………………….  Signature:  ……………………………………………………….. |
| **Date:** |  |

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