

## Notice of appeal

You should use this form if you wish to appeal the GMC's decision to refuse restoration of your licence to practise.

An appeal must be made within specified time limits.

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

Before you submit your appeal please make sure you have read the following sections of our website:

- [About reviews, reapplications and appeals](#)
- [Guidance on appeals](#)

You may type directly into this form.

Submit it via email to [appeals@gmc-uk.org](mailto:appeals@gmc-uk.org)

Or print and complete the form and send it to; The Registration Appeals Team, General Medical Council, 3 Hardman Street, Manchester, M3 3AW.

We may be asked to provide your registered address to the British Medical Association, medical defence organisations and medical Royal Colleges and faculties so that they can keep their records up to date. We will only do so where we are satisfied you are already a member. If you do **not** want us to give your registered address to these organisations, please tick here.

To see the levels of information we share with different parties, please see our privacy policy at [www.gmc-uk.org/privacy/](http://www.gmc-uk.org/privacy/)

---

### Please note

We will acknowledge receipt of your appeal by email. Our acknowledgement of receipt of your application does not mean your appeal is accepted.

Should the GMC defend your appeal, we will send you a separate Convening Notice in due course. This will tell you the date, time and place of your appeal and the names of the appeal panel members. We will also send a copy of the appeal bundle, which includes your evidence and the evidence submitted by the GMC in support of its decision.

If you require any specific adjustments in communication or attending an appeal, e.g. information in large print, a lipspeaker, wheelchair accessibility, please contact the Registration Appeals Team at the above address so that the necessary arrangements can be made.

---

## Contact details

Full name			
GMC reference number			
Address for correspondence			
Postcode		Country	
Telephone number		Mobile number	
Email address			

## Grounds for appeal

Please tell us what you are appealing against.

Refusal to restore a licence (information incomplete)	<input type="checkbox"/>
Refusal to restore a licence (failure to comply with a revalidation requirement without reasonable excuse)	<input type="checkbox"/>
Refusal to restore a licence (fraud)	<input type="checkbox"/>
Refusal to restore a licence (other)	<input type="checkbox"/>
Date of decision letter	

## Exchange of documents

All documents you seek to rely upon for the appeal must be submitted within 56 days from the last date for giving notice of appeal. The paginated bundle must include those items set out at paragraph 6(2) of The General Medical Council (Registration Appeals Panels Procedure) Rules Order of Council 2010 including copies of the documentation provided in support of your original application.

## Hearing type

Please tell us whether you would like a written appeal or an oral appeal.

I would like a <b>written</b> appeal.	<input type="checkbox"/>
I would like an <b>oral</b> appeal.	<input type="checkbox"/>

## Please type your name and date below

Name			
Date	DD	MM	YYYY