

Appeals Form

v1.0

Introduction

Before completing this form, please ensure that you have read the SFEDI Awards Appeals policy which is available on our website or can be requested from customerservices@sfediawards.com

For SFEDI Awards to review your appeal in full, please provide as much information and detail as possible.

Contact Details

Name:	
Address:	
Email:	
Tel No(s):	
Organisation: (if applicable)	
Job Title/Position: (if applicable)	

Appeal Details

Please outline the nature of your appeal including as much detail as possible. (e.g., dates, qualifications, who else is involved or affected and what impact this has had). List any supporting evidence you are sending with this form.

Appeal Outcome

Please state what you would regard as a successful outcome to this appeal. What action would you like to see happen?

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Declaration

SFEDI will process this data in accordance with General Data Protection Regulations.

I confirm that by completing and submitting this form to SFEDI, I give my consent to the processing and storage of this data. The information I have supplied is accurate and to the best of my knowledge and understanding is correct.

Signed:	
Full Name:	
Date:	