People Support Recruitment Process Appeal Form

Notes for Guidance on the Completion of this Form

Appeals will only be considered where it appears that there may have been:

1) An abuse of process – defined as either an intentional act or failure to apply Service policy or the instructions published specifically for the purpose and/or

2) A perverse decision – defined as a decision, which has not been justified or indicates an error or inappropriate judgement/action by the personnel involved in the process.

or the following:

3) Medical Appeal
4) Disability Discrimination
5) Vetting Reasons

The following will not constitute grounds for appeal:

- General frustration at non-selection;
- The design, structure and content of the selection process;
- The fact that the applicant did not perform well on the day;
- Disagreement with the awarded scores at the assessment centre or at the interview;
- PCSO/DDO – Competency Based Questionnaire – where there are 9 or more separate spelling, punctuation or grammar errors.

Appeals must be received no later than 21 days following the notification of the rejection of your application:

Appeals following a rejection from the vetting unit should be sent by external email to: Vetting.Appeals@met.police.uk (please include all full stops)

OR internal email to: SC&O26 Mailbox - Vetting Appeals

Any other appeals (excluding vetting and medical) following a rejection from the recruitment team should be sent by external email to: hr.appeals@met.police.uk

OR internal email to: HR Appeals @ HR Directorate

If medical related appeal please send by post.

All appeals should be marked " MEDICAL IN CONFIDENCE"

Addressed to:

Appeals Administrator
DOR - People Support Medical Recruitment
2nd Floor
Empress State Building
Empress Approach
Lillie Road
Earls Court SW6 1TR
# PeopleSupport Recruitment Process Appeal Form

All applicable sections of the form must be completed.

## SECTION 1  
**Personal Information**

<table>
<thead>
<tr>
<th>Full Name:</th>
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<td>Address:</td>
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**Telephone Number(s):**
- **Home:**
- **Work:**
- **Mobile:**

**Email Address:**

**Application Reference Number:**

**Position Applied for:**

**Reason for Rejection:**

**Notification of Rejection Date:**

(Appeals only considered within 21 days)

## SECTION 2  
**Category of Appeal**

(Enter ‘X’ in box as appropriate)

1) **Abuse of Process** – please complete section 3 and 6

2) **Perverse Decision** – please complete sections 3 and 6

3) **Medical Appeal** – please complete sections 4 and 6

4) **Appeal under the Equality Act 2010 - unfairly rejected for a reason related to my disability** – please complete sections 5 and 6

For an appeal to qualify under the Equality Act 2010, the application would have been rejected as a result of it not being possible to make reasonable adjustments relevant to the role.

5) **Vetting Appeals** – please complete sections 3 and 6
### SECTION 3  Abuse of Process / Perverse Decision Appeals

| a) | Please explain why you believe there has been an abuse of process or perverse decision.  
(Please refer to definition on page 1) |
|---|---|

<table>
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<th>b)</th>
<th>Please indicate any guidance notes or instructions to evidence that there has been an abuse of process or perverse decision.</th>
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| c) | Please provide any additional information / evidence to support your appeal. |
### SECTION 4

**Medical Appeal - These are to be sent to Medical Recruitment**

(Please see page 1 for details and will be treated in confidence by medical staff.)

**Details of the appeal**

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### SECTION 5

**Appeal under unfair rejection for reason related to disability.**

(Please refer to definition at Section 2; category 4.)

**Details of why you feel you have been unfairly treated with regards to your disability.**

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I have read and understood the “Notes for Guidance on the Completion of this Form”.

I was notified my application was rejected less than 21 days ago.

I understand that if all applicable sections of the form are not completed, my appeal may not be considered.

I understand that where there are grounds for an appeal, my appeal will be acknowledged, and referred to an independent manager to carry out a review and they will endeavour to provide a response within 21 days (28 days for Vetting Appeals)

I accept, the decision made in respect of my appeal will be final, and no further correspondence will be entered into.

Signature:  
Date:  

Retention period: 2 years  
MP 138/14