

Scottish Women’s Football Appeals Form

Failure to complete all relevant parts of this form, along with Deposit, may delay lodgment of the Appeal and may result in the Appeal being rejected.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please complete below for the Appellant: | |  | If you are appealing on behalf of the Appellant, please also complete below: | |
| APPELLANT DETAILS | | REPRESENTATIVE DETAILS | |
| Name |  | Name |  |
| Club |  | Club |  |
| Position at club *e.g. Player, Secretary etc.* |  | Position at club *e.g. Player, Secretary etc.* |  |
| Email address |  | Email address |  |
| Telephone No. |  | Telephone No. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Signature |  |

# DETERMINATION BEING APPEALED

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details of Determination being appealed |  | | |  | Date of receipt of this decision by Appellant |  | | | |
| Name of Committee |  | | | Notes |  | | | |
|  |  | | |
| GROUNDS OF APPEAL | | | | | | | | |  |
| Please indicate which ground(s) by marking a cross in the box – you must select a minimum of one to progress your appeal and give full details, additional information can be submitted in a separate document if required. | | | | | | | | |
| The Committee acted outwith its powers | | (Please state grounds below) | | | | | | |
|  | | | | | | | | |
| The Committee issued a Determination which it could not properly have issued on the facts of the case | | | | | | | (Please state grounds below) | |
|  | | | | | | | | |
| The sanction imposed was excessive or inappropriate. | | | (Please state grounds below) | | | | | |
|  | | | | | | | | |
| HEARING IN PERSON | | | | | | | | |
| The Chair of the Appeal Committee may deem that an in-person hearing is required. Otherwise appeals are heard without representation based on information submitted. | | | | | | | | |
| Please indicate below: | | | | | | | | |
| I confirm I will attend a hearing in person if required. | | | | | | | | YES/NO |

Please note that this form, along with an Appeals Deposit (see SWF Appeals Procedure and Guidelines) and any relevant documents must be delivered to the

League/Cup Administrator within 7 working days following the date of communication or delivery of the Determination, in the first instance. The Appeals Deposit may be paid by bank transfer, please contact us on the details below should you require bank details.

# Should you require any guidance on this form, please contact Scottish Women’s Football on the contact details below: [Email: swf@scottish-football.com](mailto:swf@scottish-football.com) Telephone: 0141 620 4580

Please sign the form:

**Signature: Date:**