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| **Request Change of Allocation of a Specific Appraiser** |
| **Part A – to be completed by the person making the request** |
| Doctor: |  |
| Doctor’s GMC number: |  |
| Appraiser: |  |
| Reason(s) for appealing against the allocation (tick all that apply)Potential conflict of interest or appearance of bias:🞏 Close personal or family relationship (past or present)🞏 Close financial or business relationship🞏 Professional relationship🞏 Known or longstanding personal animosity🞏 Other (please describe under ‘further details’ below) |
| Further details (required): |
| Name of person making the appeal (if not the doctor):Designation:Contact details:  |
| **Part B – to be completed by the Appraisal Office** |
| Decision:Decision approved by: Name: Position: Programme ManagerDate: |