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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 Manager  Date: | |