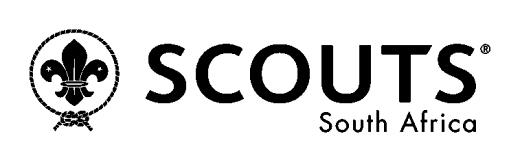
**A2 - RECORD OF APPEAL HEARING**



(This document is confidential and shall only be distributed to the parties to the hearing and the Chair National Adult Resources.. It shall be held on file at Regional and National Offices.)

**RECORD OF APPEAL HEARING**

MEMBERS NAME: ………………………..…….…………….………………………………………………………

WARRANT NUMBER: ………………………………………………SD MEMBERSHIP NO:………………………………….

POSITION: ……………………………………………………………..GROUP …………………………………………………………

DISTRICT:…………………………………………………………….. REGION:…

DATE OF NOTICE:

DATE OF HEARING:

VENUE:

CHAIRMAN:

**Note:**

The Chairperson of the Appeal Hearing must not have been directly involved in making allegations against the Member. They must be someone who has not been affected by the misconduct of the accused and should be a person who has no knowledge of the initial hearing.

**THE APPEAL NOTIFICATION – GROUNDS FOR APPEAL**

( Attach Notice of Appeal)

**BASIS FOR MEMBERS APPEAL/NEW EVIDENCE:**

**THE SSA REPRESENTATIVE’S RESPONSE AND NEW EVIDENCE:**

(The SSA representative will be the same person as at the Disciplinary and Sanction Hearings)

**THE FINDING:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Does the Appeal Chairman feel that the offence has been committed? | Yes | No |
| 2. | Is the offence in the code of conduct? | Yes | No |
| 3. | Was the Member aware of the offence? | Yes | No |
| 4. | Is the appeal successful? | Yes | No |
| 5. | Are the sanctions imposed appropriate? | Yes | No |

**CHAIRMAN’S COMMENTS:**

**OUTCOME OF APPEAL OF FINDINGS:**

|  |  |
| --- | --- |
| **Charge 1:** |  |
| **Charge 2:** |  |
| **Charge 3:** |  |

**OUTCOME OF APPEAL OF SANCTIONS:**

|  |  |
| --- | --- |
| **Charge 1:** |  |
| **Charge 2:** |  |
| **Charge 3:** |  |

**COMMENT:**

**CLOSING:**

I hereby acknowledge receipt of the Record of the Appeal Hearing

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Member* | *Signature* | *Date* |
| *Name* |  |  |
| *Witness* | *Signature* | *Date* |

If the Member refuses to sign in acknowledgement of receipt of this Record, it will be handed over in the presence of a witness who shall sign the form. The member’s refusal shall be recorded on the Form.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Has the Member been advised of the outcome of the Appeal in writing? | Yes | No |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *CHAIRPERSON:* | *Signature* | *Date* |