



Internal Review Request Form

This form should be used to request an internal review of the outcome of an Academic Appeal or a Complaint, if you are unsatisfied with the decision taken. Please ensure that you have read and understood the Academic Appeals Procedure, which can be found on our website.

Section 1:

S1.1 Personal Details	
Title:	
Surname/Family name:	
First Name(s)/Given name(s)	
Student ID Number:	
E-mail Address: <i>(please see guidance above)</i>	
Mobile Number:	

S1.2 Term Time Address			
Address			
Town		County	
Country		Postcode	
Landline:			

S1.3 Non-Term Time Address (If Different)			
Address			
Town		County	
Country		Postcode	
Landline:			

S1.4 Preferred Method of Contact	
E-mail	Post

S1.5 Reasonable Adjustments
If you have a disability which means there are adjustments you would like us to consider making to our process, please indicate these here. (If necessary, we will contact you to discuss this in further detail.)

Note: If your contact details change at any point during the appeals process, it is important that you notify the member of staff dealing with your appeal at the earliest opportunity. Furthermore, you need to inform the member of staff dealing with your appeal if you are going to be away and unable to be contacted during the appeals process.

**Section 2 (Optional):**

As part of the internal review process, you are entitled to appoint a representative to act on your behalf. This is entirely optional and is meant to help students who don't feel able to engage with the appeals procedure themselves.

If you elect to appoint a representative, the Institute will communicate only with them throughout the review process. You are free to choose anyone appropriate (including a family member) who is willing to act on your behalf and is able to put your case forward.

The following people would not be appropriate representatives:

- Any legal representative
- Your Doctor
- A member of Institute staff

S2.1 Your Representative			
Title:			
Surname/Family name:			
First Name(s)/Given name(s)			
Relationship to student			
Address			
Town		County	
Country		Postcode	
Landline:		Mobile*:	
E-mail Address:			

S2.2 Preferred Method of Contact for Your Representative	
E-mail	Post

Note: If your representative's contact details change at any point during the review process it is important that you, or your representative, notify the member of staff dealing with your appeal at the earliest opportunity. Furthermore you, or your representative, need to inform the member of staff dealing with your appeal if your representative is going to be away and unable to be contacted during the review process.

*A mobile phone number is required as documents will be emailed in an encrypted format and the password will be sent via text.



Section 3:

S3.1 Course Information			
At which College are/were you enrolled?	BIMM Berlin	BIMM Birmingham	BIMM Brighton
	BIMM Bristol	BIMM Dublin	BIMM Hamburg
	BIMM London	BIMM Manchester	ICTheatre Brighton
	ICTheatre Manchester	Performers College	Screen & Film School
On which course are/were you enrolled?			
Which year did you start this course?			
If you have finished or withdrawn from the course, when did this happen? <i>Please provide details of how you were withdrawn, if applicable (e.g. via Exam Board or SARC)</i>			



Section 6:

S6.1 Supporting Evidence	
Please list below the evidence you will be attaching to this form to support your internal review. It is the student's responsibility to ensure that all relevant evidence is supplied with this form.	
Type of Evidence (e.g. Medical certificate, course handbook, etc.)	Date



Section 7:

In accordance with GDPR we are required to obtain your consent for the following:

- a) to hold the information that you have provided on an electronic database.
- b) to disclose the information that you have provided to authorised members of the Institute / University of Sussex as necessary for the reasonable purposes connected with the investigation of your complaint/appeal.

Please sign below to confirm that the information you have provided is accurate to the best of your knowledge, and to indicate your consent for the information provided to be used as detailed above.

**Even if you have chosen to use a representative you must be the one to sign this form.
If you are submitting electronically, please type your name in the signature box.**

Signature	
Date	

Please return this form along with any supporting evidence to cap@bimm.co.uk

Office use only	
Appeals ID Number	
Date Received	