**GROUP ACADEMIC APPEAL / COMPLAINT CONSENT FORM**

# TO BE COMPLETED BY THE LEAD STUDENT WHO HAS BEEN NOMINATED BY THE STUDENTS BRINGING THE APPEAL / COMPLAINT TO BE THE SPOKESPERSON FOR THE GROUP AND LIAISE WITH THE UNIVERSITY ON THEIR BEHALF

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| Name of Lead Student: | Student Number: @ |
| Programme: | Level: |
| School/Partner College: | Year of Study: |
| Address for correspondence in connection with the Appeal/Complaint: |
| ………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………Postcode…………………………………………. Telephone Number …………………………………………………..E-Mail address………………………………………………………………………………………………………………. |

All students bringing the group appeal/complaint should complete their details below. On signing the form, the students are giving consent that their appeal/complaint will be dealt with collectively and that they have given their consent for the student listed above to act as spokesperson for the group. **If any student is unable to sign the consent form by hand, they must send an email from their University of Salford account to** **complaints@salford.ac.uk** **confirming that they have given their consent.** The University will direct all correspondence relating to the appeal/complaint to the spokesperson. Advice on completion of the form can be obtained from the Complaints Team on Complaints@salford.ac.uk. The Students’ Union Advice Centre may also be able to offer independent advice. ***Complete in block capitals or type.***

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| **Student ID:** | **Full name:** | **Programme of Study:** | **Year of study:** | **Signature:** |
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| Declaration by the Lead Student:I declare that the information given in this form is true, and that I have been nominated on behalf of the students listed above to be the spokesperson in relation to this appeal/complaint.  |
| Signed: | Date: |