Joint Surgical Colleges Fellowship Examination

Appeal Submission Form

Full Name of Candidate	
Email Address	
GMC/IMC number (if applicable)	
Date & time reported to Relevant authority/Board Chair	
Date of Examination	
Examination Component: **Section 1 / Section 2**	
Surgical Specialty	
I understand that multiple appeals regarding the same examination diet will not be investigated and I confirm that this appeal contains the totality of my grievance from the outset	
Nature of appeal:	
Please email this form to: enquiries@jscfe.co.uk **On receipt, a payment request for £1,250 will be sent by email. The formal appeal process will begin after payment has been received.**	