Appeal Against Initial Salary Placement

**Name of Teacher…………………………………………………………………….**

**School…………………………………………………………………………………**

**Date of Appointment………………………………………………………………..**

**Initial Placement……………………………………………………………………..**

Grounds for Appeal (please tick all those that apply)

 GTC Registration

 Teaching Experience

 Other Relevant Experience

GTC Registration Date…………………Registration Number…………………….

## Teaching/Other Relevant Experience (including voluntary work)

Job Title………………………………………..Date From………..Date To……….

Details of Duties Undertaken

Job Title………………………………………..Date From………..Date To……….

Details of Duties Undertaken

Please attach additional sheets if necessary