

FOR OFFICE USE ONLY	
Case reference Number:	Office Stamp (date received)

A **APPEAL APPLICATION FORM**

- Use this form to appeal to the First -tier Tribunal (Care Standards) in all cases EXCEPT in respect of the registration of Independent Schools.
- Tick the appropriate box or boxes and provide the relevant information in relation to your appeal.
- This form can be downloaded from the Care Standards website (www.carestandardtribunal.gov.uk), completed by hand using **dark ink** and then posted or FAXED to the Care Standards Office. Alternatively, it can be sent electronically, but the last page containing your signature must be FAXED or posted to the Care Standards Office.
- Please write clearly.

A. Applicant's Details

Please provide the following details about yourself:

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)
Surname:	-----				
First Names:	-----				
Address:	-----				

Day time Tel No:	-----			Mobile:	-----
Fax number (if any):	-----				
Email address (if any):	-----				

All correspondence will be sent to your Representative should there be one. If NOT all documents will be sent to your address above.

B. Applicant's Representative's Details

If you have a representative to whom you would like us to send papers concerning your appeal instead of to you, please provide the details below:

Name:	-----				
Address:	-----				

Profession:	-----				
Day time Tel No:	-----			Mobile:	-----
Fax number (if any):	-----				
Email address (if any):	-----				

C. UK Address *(if different from above)*

If the address above is outside the UK please give an address in the UK where we can write to you and send you documents about your application.

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)
Surname:	-----				
First Names:	-----				
Address:	-----				

	Post Code:				
Day time Tel No:				Mobile:	
Fax number (if any):	-----				
Email address (if any):	-----				

D. About the Respondent

Please give details of the Respondent below (*this will be the organisation against whose decision you are appealing.*):

Name of Respondent:	-----				
Address <i>(on letter you have received giving you the Notice of Decision)</i>	-----				

	Post Code:				
Day time Tel No:				Mobile:	
Email address (if any):	-----				

E. What are you appealing against

Please read carefully prior to ticking the appropriate box

If your appeal is in relation to:

- Inclusion on the Protection of Children list (PoCA list); **Complete F,K,L,M &N**
- Inclusion on the Protection of Vulnerable Adults List (PoVA list);

OR

- Prohibition from teaching or working with children in schools/colleges of further education **Complete G,K,L,M&N**

If your appeal is in relation to:

- a decision of the Care Quality Commission (CQC); a decision of a Justice of the Peace; or a decision of the Welsh Ministers in respect of the registration of independent healthcare establishments, Care Homes and care agencies or NHS Trust **Complete H,K,L,M&N**
 - a decision of the General Social Care Council **Complete J,K,L,M&N**
 - a decision of HM Chief Inspector of Schools (Ofsted), a decision of a Justice of the Peace or Welsh Ministers in respect of the registration of child care providers or children’s homes **Complete I,K,L,M&N**
-

F. The PoCA/PoVA List

Complete this section in relation to inclusion of your name on the PoCA or PoVA list. Tick the appropriate box or boxes and answer Y/N as applicable.

I wish to:

- 1) Appeal against a decision by the Secretary of State:
 - to include my name on the PoCA list **OR**
 - not to remove my name from the PoCA list *
 - to include my name on the PoVA list **OR**
 - not to remove my name from the PoVA list *

See * Note and complete paragraph 3 & 4 **OR**

- 2) Apply to the Tribunal to **determine** whether my name should be included on the PoCA/PoVA list following the **provisional** inclusion of my name for more than 9 months PoCA
- PoVA

Now answer the following questions:

- 2a) Have there been any criminal or civil proceedings about the alleged misconduct? **Yes** **No:**
 If YES, give details over the page – ‘Reasons for appeal or request for leave to appeal’

- 2b) Have proceedings finished? **Yes** **No:**
 Please give date when proceedings finished
 Day: Month: Year:

See * Note and complete paragraph 3 and 4

*** Note: You need leave to appeal from the Tribunal if you are appealing against a decision by the Secretary of State not to remove your name from the list or if you are asking the Tribunal to determine the issue of your inclusion on the list following a provisional listing for more than 9 months.**

- 3) Have you applied to the Tribunal to have your name removed from the list before? **Y / N**

- 3a) If yes give the dates (and if possible application numbers) of earlier applications
 Date(s) Application No(s):

- 4) If you are included on both PoCA & PoVA, which list were you placed on first or as a primary referral?

- 4a) PoCA or PoVA

G. Prohibition or Restriction from Teaching or Working with Children under Section 142 of the Education Act

Complete this section in relation to any direction issued by the Secretary of State for Education and Skills prohibiting or restricting you from teaching or working with children. Tick the relevant boxes.

I wish to:

- 1) Appeal against a direction or decision by the Secretary of State:
- to prohibit or restrict teaching or working with children **OR**
 - to prohibit or restrict work which involves the management of an independent school **OR**
 - not to revoke or vary an existing prohibition or restriction

Grounds for prohibition or restriction

- 2) On what grounds has your teaching, working with children or involvement in the management of an independent school been prohibited or restricted. Tick the relevant box:
- 3a) Health
 - 3b) Misconduct
 - 3c) Unsuitable to work with children
 - 3c) Professional incompetence in taking part in the management of an independent school
 - 3e) As a consequence of inclusion on PoCA

***Note:** If you have ticked box 3e) you can not appeal under this section. You must appeal against inclusion on PoCA – see SECTION 3. If your appeal in relation to PoCA is successful the prohibition/restriction under the Education Act will be lifted. However please note the time limit for appealing. (See Section 7.)*

H. Decision of the CQC or The Welsh Ministers

Complete this section if you are appealing against a decision in relation to the registration of your establishment, agency or NHS Trust. Tick the appropriate box or boxes and answer **Y/N** as applicable.

Is your appeal in relation to: (tick as appropriate)

- A Care Home
- An independent hospital, clinic or medical agency
- A Domiciliary Care Agency
- A Nurses Agency
- An NHS Trust (in respect of compliance with regulations on healthcare associated infections)

Are you appealing in relation to your registration as: (Tick as appropriate)

- Service Provider
- Manager

I wish to appeal against a decision to: (Tick as appropriate)

- 1) Refuse registration
- 2) Cancel registration
- 3) Impose or vary of conditions of registration
- 4) Refuse to remove or vary any condition of registration
- 5) A Decision of a Justice of the Peace**

If your appeal is against cancellation of registration, does the establishment or agency remain open **Yes** **No:**

If the establishment (care home, independent health care establishment,) is still open, how many residents are currently in the establishment _____



I. Decision of the Chief Inspector of Schools (Ofsted), or The Welsh Ministers in relation to registration as a child care provider – whether under the Early Years Register or the General Child Care Register

Is your appeal in relation to (tick as appropriate)

- 1) Childminding (*caring for a child/children in your own home*)
- 2) Day care provision for children under eight (*such as provided in nurseries*)
- 3) Home child care provision (*caring for a child/children in child's own home*)
- 4) Provision of Care for Children over 8 yrs old (*such as out of school or holiday Clubs, play schemes, play centres and open access play provision*) or activity based childcare for children of any age (*such as sports, drama, language and other clubs where registration is not mandatory*)
- 5) A Children's Home
- 6) A Residential Family Centre
- 7) A Fostering Agency
- 8) A Voluntary Adoption Agency

I wish to appeal against a decision to: (tick as appropriate)

- 1) Refuse registration or approval
- 2) Cancel registration or approval
- 3) Impose or vary conditions of registration or approval
- 4) Refuse to remove or vary any condition or registration or approval
- 5) Disqualify or refuse to waive disqualification from registration as a child minder
- 6) Refuse to waive disqualification from involvement in or working in a children's home
- 7) * suspend your registration as a childcare provider
 Date Decision received: _____
- 8) refuse to lift your suspension as a childcare Provider
 Date Decision received: _____
- 9) **A Decision of a Justice of the Peace**

*** If you are appealing against suspension, you MUST send a copy of your appeal to OFSTED or the Welsh Ministers at the same time you send it to the Tribunal.**

J. Decision Of The General Social Care Council or The Care Council Wales

Complete this section if you are appealing against the General Social Care Council or the Care Council Wales in respect of your entry on the Social Care Register. Tick appropriate box.

Is your appeal against a decision of:

- The GSCC

Or

- The Care Council Wales

Is your appeal in relation to

Registration as a social worker

Registration as a social care worker

I wish to appeal against a decision to:

- 1) Refuse registration on the relevant part of the Social Care Register
- 2) Cancel registration on the relevant part of the Social Care Register
- 3) Make my entry on the register subject to conditions or vary conditions of registration
- 4) Remove, alter or restore my entry on the register
- 5) Suspend my name from the register



K. Reasons for Appeal

Reasons for appeal

Give reasons why you think the decision of the Secretary of State, the CQC, the GSCC/CCW, OFSTED or the Welsh Ministers is wrong. Give your reasons in full.

Please also say what result you are seeking from your appeal.

Continue on a separate sheet if necessary.

Please Note: You must include with this Appeal Application a copy of any written record of the Notice of Decision against which you are appealing and statement of reasons obtained from the Respondent

Note: If you are late in sending this appeal application you can ask for an extension of time by giving your reasons for the delay – EXCEPT in appeals against a decision of the CQC or Welsh Ministers in relation to the regulation of care homes, children’s homes and agencies. The Tribunal has no power to extend the time for submitting an appeal in these cases as the limit is set out in Primary Legislation.

L. Further Information

I wish the tribunal to consider the evidence of the following witnesses:

Name of witness

Is there any other witness whose name is not yet known whom you may wish the Tribunal to consider. **YES:** **NO:**

M. Directions/Witness Summons/Press & Public

a. Do you want a Preliminary Directions Hearing? **YES:** **NO:**

If YES select one of the options below.

- by way of a telephone conference; or
- oral preliminary hearing

b. If you want the Tribunal to issue an summons requiring any witness to attend the hearing please list their name and address below:

Name of witness

Address details

c. Your hearing will be heard in public unless the Tribunal direct that it, or any part of it be heard in private. If you want your hearing or part of it to be heard in private, say why here.

d. The tribunal can make an order prohibiting the disclosure or publication of any specified document or information relating to the appeal proceedings. If you want the Tribunal to make such an order, say what you want and why.

- e. Do you want an oral hearing? **YES:** **NO:**
- f. If you **want an oral hearing** can you state provisionally how long **you** think it will take for you to present **your** case?

If you do not want an oral hearing and the Tribunal agrees, your appeal will be determined on the written evidence you and the other party submit.

- g. Give the earliest date when you think your case will be ready for the hearing?

Day Month Year

- h. Where would you like the hearing to be held if **NOT** in our premises in London?



N. Other Information And Signature

If you have completed all the sections relevant to your appeal you should now sign and date this form and return it immediately to the Care Standards Tribunal Office at the address given at the bottom of this page.

➤ **Time limit for appeal (Please read carefully)**

Please note: you **MUST** complete and return this application within the following time limits:

- Appeal against a decision of the Secretary of State to place your name on the Protection or Children Act List*, the Protection of Vulnerable Adults List* or to prohibit you from working as a teacher or working in schools (List 99): **THREE (3) MONTHS from date of notification of decision;**
- Appeal against a decision to REFUSE registration as a social worker by the GSCC/CCW or REFUSE registration as a child care provider by OFSTED: **THREE (3) MONTHS from the date of notification of the decision.**
- Appeal against a decision to CANCEL REGISTRATION or VARY THE CONDITIONS OF REGISTRATION by CQC, Ofsted, GSCC /CCW or, The Welsh Ministers or a Justice of the Peace: **TWENTY EIGHT (28) DAYS from the date of service** on you of the decision against which you wish to appeal.
- Appeal against a decision of Ofsted to SUSPEND your registration: **TEN (10) WORKING DAYS from the date of suspension.**
- If you are unsure about the time limit, refer to the guidance ‘Appealing to the First-tier Tribunal (Care Standards) – a guide to the appeals procedures’ (available from CS web site: ‘www.carestandardtribunal.gov.uk’) or contact the CS Office for advice (details below).

* if you have been placed on these lists on a provisional basis, you can ask the Tribunal to decide whether you should be on the list after a period of 9 months provisional listing.

If you do not meet the specified time limit for appealing and the Tribunal does not allow your application for an extension of time, it can decide not to admit your appeal.

Your signature:

(You must sign this form – your representative’s signature is not acceptable)

Day:

Month:

Year:

➤ **Return this form to:**

**TRIBUNAL SERVICE
CARE STANDARDS
MOWDEN HALL
STAINDROP ROAD
DARLINGTON
DL3 9BG**

➤ For further information about appeals to the Tribunal you can log on to the CST web site: www.carestandardtribunal.gov.uk Or

Telephone: 01325 392712 Fax: 01325 391045

Email: cst@tribunals.gsi.gov.uk