



IS

APPEAL APPLICATION FORM

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

- Use this form to appeal to the First-tier Tribunal (Care Standards) against a decision of the Secretary of State in respect of the registration of an Independent School.
- 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 and completed by hand using **dark ink** and then posted or FAXED to the Care Standards Office. Alternatively, it can be sent to the Office electronically but the 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:	-----		
	Post Code:		
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 [Appellant] Representatives 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:	-----		
	Post Code:		
Profession:	-----		
Day time Tel No:		Mobile:	-----
Fax number (if any):	-----		
Email address (if any):	-----		

C. What are you appealing against?

Please read carefully prior to ticking the box you wish to Appeal against

I wish to appeal against:

- 1) A refusal to approve a material change
 - 2) A determination to remove the school from the Register
 - 3) An order requiring the school to take specified action
 - 4) A refusal to revoke or vary an above order
-

D. Reasons for Appeal

Reasons for appeal

Give reasons why you think the decision of the Secretary of State 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

E. 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:**

F. 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?

DayMonthYear

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



G. 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 Secretariat 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 period of **28 DAYS** beginning with the day on which notice of the refusal, determination or order is served on you.
- 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 SERVICES
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