



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

ISR

RESPONSE TO APPEAL APPLICATION FORM

- Use this form to respond to an appeal application to the First-tier Tribunal (Care Standards) 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.carestandadstribunal.gov.uk, completed by hand using **dark ink** and then posted or FAXED to the Care Standards office. Alternatively, it can be sent electronically.
- Please write clearly.

A. Respondent's Details

Please provide the following details:

Reference and/or contact name	
Address:

	Post Code:
Day time Tel No:	Mobile:

Fax number :
Email address :

All correspondence will be sent to your legal representative.

B. Legal Representatives Details

Solicitor's name/reference details:	
Address:

	Post Code:
Day time Tel No:	Mobile:

Fax number :
Email address :

C. Appeal jurisdiction

Is this response in relation to an appeal against:

- A refusal to approve a material change.
 - A determination to remove the school from the Register
 - An order requiring the school to take specified action
 - A refusal to revoke or vary an above order
 - Do you want to apply to the Tribunal for an order under section 166(5) of the Education Act 2002 (order that the school be regarded as not registered for the purposes of section 159 of that Act pending the determination of the appeal).
- Yes
- No

If you want the Tribunal to make an order, please state:

- The grounds for the application
- The nature of the evidence in support of the application and names of witnesses
- List the working days over the next 30 days when you or any of the witnesses will NOT be available to attend an oral hearing and provide reason why you or the witness(es) are not available.
- Please sign and date this section. Please provide any documentary evidence that you wish to rely on in this application.

Signed:

Date:

F. Reasons for Opposing Appeal

Say here if you oppose the appeal and provide the reasons for your opposition.

Continue on a separate sheet if necessary.

Note: If you are late in sending your Response application you can ask for an extension of time by giving your reasons for the delay.

Please provide copies of any letters or documents in relation to the respondent's case .

You must send a copy of this response form together with any accompanying documents to the applicant at the same time that you send to the Care Standards Office.

G. 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. The hearing will be heard in public unless the Tribunal direct that it, or any part of it be heard in private. If you want the 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. would you be content for the appeal to be considered without an oral hearing if the Tribunal considers it appropriate **YES:** **NO:**

f. if there is an oral hearing please state provisionally how long you think an it will take for you to present the respondent's case.

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

Day

Month

Year

H. Time limits

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

Please note: you **MUST** complete and return your **RESPONSE** within:

- **20 WORKING DAYS** of the date you receive a copy of the appeal application, **EXCEPT:**
- In respect of an application for an order under section 166(5) of the Education Act. Where you want the Tribunal to make such an order, you must send your application so that it is received by the Tribunal and the applicant **WITHIN 28 DAYS OF THE DATE YOU RECEIVE THE APPEAL APPLICATION.**

➤ **Return this form to:**

**TRIBUNAL SERVICE
CARE STANDARDS
18 POCOCK STREET
LONDON SE1 0BW**

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

Telephone: 020 7960 [0668](tel:02079600668) Fax: 020 7960 0661

Email: cst@tribunals.gsi.gov.uk

You MUST copy your response and any additional documents to the Applicant or their Representative at the same time you send to the Tribunal.
