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**RESPONSE TO APPEAL APPLICATION FORM**

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

- Use this form to respond to an appeal application 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.carestandardstribunal.gov.uk](http://www.carestandardstribunal.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:	----- <b>Mobile:</b> -----
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:	----- <b>Mobile:</b> -----
Fax number :	-----
Email address :	-----

**C. Appeal jurisdiction**

Is this response in relation to an appeal against:

- Inclusion on the Protection of Children Act list (PoCA list).  **Complete E;**
- Inclusion on the Protection of Vulnerable Adults List (PoVA list).  **Complete E;**
- Prohibition or restriction from working with children in schools or further education establishments  **Complete F.**

Is this response in relation to an appeal against a decision of:

- The Commission for Social Care Inspection (CSCI) or \* a decision of the Health Care Commission .
- The Chief Inspector of Schools in England (Ofsted)\*.
- The Welsh Ministers \*
- The General Social Care Council (GSCC) or the Care Council Wales (CCW).

***\*Is the appeal against an order by a Justice of the Peace or District Judge***

▪ **YES**  **NO**

**If YES what was the date of the order:**

Day:                      Month:                      Year:

**D. Inclusion on PoCA and/or PoVA list**

1) Is the applicant’s inclusion on the PoCA and/or PoVA list confirmed? YES  NO

OR

2) Has the applicant been included provisionally on the PoCA and/or PoVA list? YES  NO

2a) If yes give date of provisional inclusion.

Day                      Month                      Year

3) Has the applicant applied to the Secretary of State to have his/her name removed

PoCA list              YES               NO

PoVA list              YES               NO

4) Has the applicant been referred for inclusion on either or both lists under:

• section 2 of PoCA  
(inclusion in list on reference following disciplinary action) YES  NO

• section 2A of PoCA  
(power of certain authorities to refer individuals for inclusion on list) YES  NO

• section 2B of PoCA (individuals named in the findings of certain inquiries) YES  NO

• section 2 D of PoCA (local authorities proposing to make direct payments) YES  NO

• section 82(1) of CSA (referral by care provider) YES  NO

• section 83(1) of CSA (referral by employment agencies and businesses) YES  NO

• section 84(1) of CSA (referral by registration authority) YES  NO

• section 85(1) of CSA (individuals named in the findings of certain inquiries) YES  NO

*Continue on separate sheet if necessary*

6) If the applicant has been included on both the PoCA and PoVA list, is inclusion on either of those lists a secondary listing? YES  NO

6a) If so which is the primary listing              PoCA/PoVA\*              *\*delete as appropriate*

**E. Prohibition from working with children in schools**

Has the applicant been issued with:

1) A direction prohibiting or restricting teaching YES  NO

**OR**

2) A direction prohibiting or restriction involvement in the management of an independent school YES  NO

**OR**

3) A decision not to revoke or vary an existing prohibition or restriction YES  NO

4) What are the grounds on which the direction or decision has been made *(tick appropriate box)*

a) Health

b) Misconduct

c) Unsuitability to work with children

d) Professional incompetence in taking parting the management of an independent school

e) As a consequence of inclusion on PoCA

**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.**

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**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 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:**
- For Ofsted **SUSPENSION** appeal cases, where the deadline for a response is **3 WORKING DAYS** from the date you receive appeal application.

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➤ **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](http://www.carestandardtribunal.gov.uk) Or

Telephone: 01325 392712 Fax: 01325 392712

Email: [cst@tribunals.gsi.gov.uk](mailto: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.**

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