

Application for permission to appeal – Form A

Please use black ink and complete this form in CAPITAL LETTERS.

A: About the applicant

Please tick the appropriate box.

Is the applicant:

- a parent or the person with parental responsibility?
 or, a local authority or a responsible body?

If the applicant is a parent/parents or person with parental responsibility, please provide details:

Parent One (or person with parental responsibility):

- Mr Mrs Miss Ms
 Other _____

Surname

First name(s)

Home address

Postcode

Daytime phone number

Evening phone number

Mobile phone number

Fax number

Email address

If you are not a parent, please state your relationship to the child



Parent Two:

Mr Mrs Miss Ms

Other _____

Surname

First name(s)

Home address

Postcode

Daytime phone number

Evening phone number

Mobile phone number

Fax number

Email address

If you are not a parent, please state your relationship to the child

If you have a representative please provide details:

Mr Mrs Miss Ms

Other _____

Surname

First name(s)

Profession/Organisation

Is he/she a legal representative?

Yes No

Address

Postcode

Daytime phone number

Fax number

Email address

Who should receive information about the application? (please tick)

- Parent one/person with parental responsibility
- Parent two
- Representative

Important: We can only send papers and documents to one of the people named on the form. If you do not say we will automatically send them to your representative, if you have one, otherwise to the first named parent/person with parental responsibility.

If the applicant is a local authority or responsible body please give details:

Name of authority or responsible body

Name of the person handling the case

Position

Daytime phone number

Address

Postcode

Fax number

Email address

If you have a legal representative please provide details:

Mr Mrs Miss Ms

Other _____

Surname

First name(s)

Address

Postcode

Daytime phone number

Fax number

Email address

Who should receive information about your application? (please tick)

The official handling the case

Your legal representative

Important: We can only send papers and documents to one of the people you have named on the form. If you do not say we will automatically send them to your legal representative if you have one.

B: About the decision you are making the application about

Appeal or claim number	<input type="text"/>
Name of the child who was the subject of the appeal or claim	<input type="text"/>
Name of the local authority or responsible body who was a party to the appeal or claim	<input type="text"/>
Date of the hearing	<input type="text"/>
Date the decision was sent to you by the Tribunal	<input type="text"/>

If you are asking the Tribunal to accept this application more than 28 days after the decision was sent to you what are the reasons for your delay in sending the application?

C: You should explain why you think that the Tribunal decision is wrong in law

(You may want to refer to the guidance notes before completing this section)

If you need more space, continue on a separate sheet of paper but make sure that it is securely attached to your application with the appeal/claim number clearly marked.

D: What result are you looking for in making this application?

E: Application for permission to appeal

I apply for permission to appeal against the decision of the Tribunal identified in paragraph B above.

I authorise my representative to act on my behalf in all proceedings before the First-tier Tribunal (delete if you have no representative or if you are a legal representative filling in this form on behalf of a client).

Signature of applicant(s)

Date / /



Sending us your application

When you have completed this form and signed it, please send it **with a copy of the decision you are applying for leave to appeal against and any other relevant documentation to:**

By post:

HM Courts & Tribunals Service
Special Educational Needs and Disability Tribunal
1st Floor, Darlington Magistrates Court
Parkgate
Darlington DL1 1RU

It would be advisable to obtain proof of posting and to keep a copy of your application

By fax:

Fax: 0870 739 4017