

# Application for the Tribunal to review its decision because of a change of circumstances

(Special Educational Needs case)

## Form B

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?

**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 please give details:**

Name of authority

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 person 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 who was a party to the appeal	<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: About your application**

**You should explain what relevant circumstances have changed since the decision was made and why you think that the Tribunal should amend its decision.**

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 number clearly marked.

**D: Application for the tribunal to review its decision because of a change of circumstances**

I apply for the Tribunal to review its decision identified in paragraph B above for the reasons given.

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 asking the Tribunal to review 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