

# Application for appeal

Young persons over statutory school age and under the age of 25 years

Please complete this form in CAPITAL LETTERS.

## Section 1: Young person's details

Surname

Gender

Male  Female

First name(s)

Date of birth

//

## Section 2: What are you appealing against?

Please tick all those that apply:

- I (or the school) asked the Local Authority to secure an EHC needs assessment but they refused
- The Local Authority secured an EHC assessment but refused to make an EHC plan
- I already have an EHC plan, I (or the school) asked the Local Authority to re-assessment but they refused
- The Local Authority secured an EHC plan for me, reviewed the plan or reassessed and refused to replace it or decided to stop maintaining it

AND

- I disagree with what the EHC plan says about my special educational needs
- I disagree with what the EHC plan says about the educational help/provision I should receive
- I disagree with the school/institution named in Part I of the EHC plan
- The Local Authority has not named a school/institution in Part I of the EHC plan

If you are appealing against the school/institution named in Part I please provide us with the name and address of the school you would prefer to be named:

Name of school/institution

Address

Postcode

If you have told the school/institution that you want them named in your EHC plan, please give the date of notification?

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If you cannot name a particular school/institution, please describe the type of school/institution you would like to attend.

I disagree with the Local Authority's (LA's) decision because:

I disagree with the description of my difficulties because:

My difficulties are:

I disagree with the LA description of my educational provision because:

The help that I require to learn is:

I disagree with the LA's choice of school/institution because:

I prefer my choice of school/institution because:

*(please continue on a separate page is necessary)*

### Section 3: Your appeal

Which Local Authority made the decision against which you are appealing?

On what date did the Local Authority send you the letter giving their decision?

/ / 

If the Tribunal agrees, do you agree that the appeal can be determined on the written evidence without an oral hearing?

 Yes  No

I consent to the final hearing of the appeal being listed on an earlier date if one becomes available

 Yes  No

#### Existing claims/appeals

Do you have another current appeal that is being dealt with at the moment?

 Yes  No

If Yes, please give the appeal number

Do you have an existing Disability Discrimination Claim?

 Yes  No

If Yes, please give the

date of claim

/ / 

claim number

If possible, would you like these appeals and claims to be heard at the same time?

 Yes  No

## Section 4: Your contact details

### Young person

Mr    Mrs    Miss    Ms

Other \_\_\_\_\_

Surname

First name(s)

Home address

Postcode

Daytime phone number

Mobile phone number

Email address

### Your representative

Is your representative legally qualified?    Yes    No

Mr    Mrs    Miss    Ms

Other \_\_\_\_\_

Surname

First name(s)

Profession and organisation

Address

Postcode

Daytime phone number

Mobile phone number

Email address

### Who should receive information about the appeal?

We can only send papers and documents to one of the people named on this form. If you do not say, we will send them to your representative.

Young person    Representative

## Section 5: Checklist

I confirm that the following documentation is enclosed with this appeal form:

- A signed and dated letter from the Local Authority giving you the right of appeal to the HM Courts & Tribunals Service (Local Authority decision letter)
- A copy of the signed mediation certificate or I confirm that my appeal is about the school/institution or type of school/institution only and no certificate is necessary
- Your reasons for making the appeal (see section 2 of appeal form)
- A copy of your EHC plan and all the documents listed in Part K (where a plan has been issued)
- Appeal form has been signed and dated

## Section 6: Please sign below

If a young person does not have the mental capacity to understand the appeal that is being made and/or cannot sign the appeal registration form this can be signed by another person as their representative. This will usually be a parent.

**Signature**

*If you are sending your appeal via email please type your name in the signature box.*

**Date** / /

- Young person**
- Legal representative** (a qualified lawyer can sign on your behalf with your permission)
- Parent or other representative** (the young person concerned does not have mental capacity to sign this form and register this appeal. I am doing so on their behalf as their representative.) My relationship to the young person is

## Section 7: Sending us your appeal

When you have completed the appeal form and signed it, please send it and all other relevant documents to

HM Courts & Tribunals Service  
Special Educational Needs and Disability Tribunal  
1st Floor, Darlington Magistrates Court  
Parkgate  
Darlington DL1 1RU  
Fax: 0870 739 4017

Email: [send@hmcts.gsi.gov.uk](mailto:send@hmcts.gsi.gov.uk)

If you need to contact us by telephone our number is: 01325 289350

### **Please keep a copy of the appeal form.**

You must send your appeal to the Tribunal no later than 2 months from the date of the Local Authority's decision letter or within one month of date of the mediation certificate if later. If the appeal is submitted to the Tribunal more than 2 months after the date of the Local Authority's letter or one month after the date of the mediation certificate, you must set out in writing the reasons for the delay and why you think the appeal would succeed if time for making the appeal is extended and if you do not do so, the papers will be returned to you without being registered or seen by a Tribunal Judge.



It is important to us that everyone who has contact with HM Courts & Tribunals Service, receives equal treatment. We need to find out whether our policies are effective and to take steps to ensure the impact of future policies can be fully assessed to try to avoid any adverse impacts on any particular groups of people.

That is why we are asking you to complete the following questionnaire, which will be used to provide us with the relevant statistical information. **Your answers will be treated in strict confidence.**

Thank you in advance for your co-operation.

### What is your ethnic group?

#### White

- (a)  English/Welsh/Scottish/Northern Irish/British
- (b)  Irish
- (c)  Gypsy or Irish Traveller
- (d)  Any other White background

#### Mixed / multiple ethnic groups

- (e)  White and Black Caribbean
- (f)  White and Black African
- (g)  White and Asian
- (h)  Any other Mixed / multiple ethnic background

#### Asian/Asian British

- (i)  Indian
- (j)  Pakistani
- (k)  Bangladeshi
- (l)  Chinese
- (m)  Any other Asian background

#### Black / African / Caribbean / Black British

- (n)  African
- (o)  Caribbean
- (p)  Any other Black / African / Caribbean background

#### Other ethnic group

- (q)  Arab
- (r)  Any other ethnic group
- (s)  Prefer not to say