UPPER TRIBUNAL ADMINISTRATIVE APPEALS CHAMBER

APPLICATION FOR PERMISSION TO APPEAL and NOTICE OF APPEAL from First-tier Tribunal Special Educational Needs, Education, Health and Care Plans and Disability Discrimination in Schools

Office stamp (date received)

You **must** apply to the First-tier Tribunal for permission to appeal before you fill in this form. **Use this form** *either* (1) **to apply to the Upper Tribunal for permission** to appeal if the First-tier Tribunal has **refused you permission** to appeal or **refused to admit your application** because you were late

or (2) to appeal to the Upper Tribunal if the First-tier Tribunal has granted you permission to appeal.

Please Use black ink and complete the form in CAPITAL LETTERS

Use another sheet of paper if there is not enough space for you to say everything. (Please put your full name at the top of the sheet.)

About the App	pellant			
Is the appellant: a young person or an alternative person acting for them? a parent or other person with parental responsibility? or a local authority or a responsible body? Please tick the appropriate box				
About the chil	B About the child or young person			
Surname				
Other names				
Address				
Postcode				
Date of birth	Please state gender of the child or young person			

C About the pa	arent(s) or person(s) with parental responsibility for a child
Title	Mr Miss Ms Other
Surname	
Other names	
Address	
Postcode	
Telephone number	
Email address	
Other parent or Title	person who is appealing (if any) Mr Miss Ms Other
Surname	
Other names	
Address	
Postcode	
Telephone number	
Email address	

D	About the alter	native person acting for the young person	
	Name of the alternative person		
	Relationship to young person, if any		
	Address		
	Postcode		
	Daytime telephone number		
	Email address		
Ξ	About the youn	g person's or the parent's representative	
	Does the young parent have a re	person (or the alternative person acting for them) or the presentative?	Yes No
	Name of Representative		
	If non-legal state profession		
	Address		
	Postcode		
	Daytime telephone number Email address		

	About the local	authority or responsible	e body		
		name of the local autho	rity or respon	sible body	
	Name of authority or responsible body				
	Name and position of official handling the case				
	Address				
	Postcode				
	Daytime telephone number				
	Email address				
G	About the First	-tier tribunal which decid	ded your case		
	Where was th	e tribunal hearing?			
	What was the da	ate of the decision?			
Wha		s register number? be on the decision)			
Did	the First-tier Tribun	al suspend its decision?	No	Yes	
	you wish to apply to pension?	the Upper Tribunal for	No	Yes	
If so	please indicate in	the box below and give your	reasons why		

Reasons for any dela	y			
	ote: You must apply to a first-tier Did the First-tier Tribunal refuse to admit your application because you were	No 🗌		
before you fill this form		late? Yes		
	refusal of permission	he First-tier Tribunal sent you to appeal or notice that your	No Yes	
If the answer to either of the at	f the answer to either of the above questions (or both) is "yes", please explain the delay			
If you want to say more		heet of paper with your name and e number on it and attached it to		

	Reasons for appealing	
lote	e: you can only appeal if you think the First-tier Tribunal was wrong on one or more points of law	
Please state what error of law you consider the First-tier Tribunal has made. (If the First-tier Tribunal granted you permission to appeal on limited grounds and you are now appealing please state whether you also wish to apply for permission on additional grounds and tick both boxes in Part J)		

J	Request for an oral hearing of an Application		
	N.B. This section is concerned only with initial oral hearings of applications for permission to appeal. If you are given permission to appeal, you will be given the opportunity to ask for an oral hearing of the appeal at a later stage when you have seen all the written submissions in the case. If you are refused permission without an oral hearing you will be given the opportunity to make another application for permission with an oral hearing		
	Has a First-tier Tribunal given you permission to appeal?		
	Yes Your case is an appeal. Go straight to Part J on the next page		
	No You are applying to the Upper Tribunal for permission to appeal . Do you or your representative wish to have an oral hearing before the Upper Tribunal at this stage?		
	No		
	Yes Please say why		
	Would you like the hearing to be in private? No		
	Yes Please say why		

Application for permission to Appeal or Appeal to the Upper Tribunal				
I apply for permission to appeal against the decision of the First-tier Tribunal or I appeal against the decision of the First-tier Tribunal.				
I authorise my representative to act on my behalf in all proceedin the Upper Tribunal*	gs before			
* Delete if you have no representative or you are a solicitor filling in this form or	n behalf of a client			
Signature of appellant				
Date	1 1			
AFTER YOU HAVE COMPLETED THIS FORM				
If the First-tier Tribunal hearing was in England , send this form to:				
The Upper Tribunal (Administrative Appeals Chamber) 5th Floor Rolls Building, 7 Rolls Buildings, Fetter Lane, London, EC4A 1NL.				
You MUST enclose the following documents with this form -				
 a copy of the decision notice and written statement of reasons issued by the First-tier tribunal 				
 the letter from the First-tier Tribunal telling you that you have been granted or refused permission to appeal or that you application has not been admitted 				
• a copy of any funding notice or legal aid certificate				
IF YOU DO NOT SEND THESE DOCUMENTS YOUR APPEAL MAY NOT BE ADMITTED OR MAY BE DELAYED but do not delay your appeal if you do not have them. Send the documents as soon as you have them.				
The Office will let you know when they have received this form. Contact the Upper Tribunal office if you are not told within a week that the form had been received.				