First-tier Tribunal – Care Standards/Primary Health Lists Tribunal

Application Notice

This form is to be used to make an application to the Tribunal, for example for an extension of time to comply with one or more of it's directions.

Appellant's name (including ref.)		
Appenditestidine	(including rel.)	
Respondent's name (including ref.)		
Appeal no.		

Before completing this form you must obtain the views of the other party unless it is urgent. If it is urgent, please explain why in your application.

1.	What is your na	me or, if you are a legal repre	esentative, the name of y	our firm?	
2.	Are you a	Appellant	Respondent	Legal Represen	itative
		Other (please specify)			
	If you are a lega	l representative whom do y	ou represent?		
3.	What order are	you asking the Tribunal to m	nake and why? (continue	overleaf or on a sep	parate sheet if necessary)
4.	Do you want the Tribunal to change the dates by which things must be done?				☐ No
	If Yes, give the f	ollowing details			
			Date of relevant order		
	Set out the new	dates and times you need t	o comply with the order		
5.	Have you attach (In Microsoft Wo	ned a draft of the order you a ord format)	are applying for?	Yes	☐ No
6.	How do you wa	nt to have this application d	ealt with?	On papers	
				At an oral hearing	ng
				At a telephone l	hearing
7.	How long do yo	ou think the hearing will last	?	Hours	Minutes
	Is this time estir	mate agreed by all parties?		Yes	☐ No
8.	Give details of a	ny final hearing date			

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Yo	u must obtain the other sides views on this application.
9.	Have you sent the other party a copy of this application and obtained their views on this application?
	If Yes, please set out their views and provide copies of any responses
	If No, explain why you have not sought the views of the other party
10.	. What information will you be relying on, in support of your application?
	The evidence set out in the box below
	Attached witness statement
	Other (please specify in the box below)
	If necessary, continue on a separate sheet.
	Statement of Truth
	(I believe) (The Appellant/Respondent believes) that the facts stated in this section (and any continuation sheets) are true.
	Signed Dated
	Appellant/Respondent('s legal representative)
	Full name
	Name of Appellant 's/Respondent's legal representative's firm
	Position or office held
	(if signing on behalf of firm or company)