

**AA** **Application for permission to appeal a decision of the First-tier Tribunal**  
(Primary Health Lists)

For office use only	
Office stamp (date received)	
Case reference number:	

**Use this form to:**

- Use this form to apply for permission to appeal against a decision of the First-tier Tribunal (Primary Health Lists).
- Please complete this form in CAPITAL LETTERS or type and either return it by post, email or fax, details at the end of the form.

**A: Applicant's details**

Please provide the following details about yourself:

Title  Mr  Mrs  Miss  Ms  Dr  Other

Surname

First name(s)

Address

Postcode

Professional registration number

Telephone number(s) (include any mobile)

Email address

All correspondence will be sent to your Representative should there be one. If **not** all documents will be sent to your address above.

**B: Applicant's Representative's details**

If appointed, please give details of your representative:

Name

Address

Postcode

Profession

Telephone number(s) (include any mobile)

Email address

**Who should receive information about your claim?** Tick one box only  You  Your Representative

**Important:** We can only send papers and documents to one of the people named on this form. If you do not tell us otherwise we will automatically send the papers to you.

## C: About the decision against which you want to appeal

Where was the Tribunal hearing?

What was the date of the Tribunal hearing?

 /  / 

What is the title and number of the decision?  
(This information will be at the top of the  
written decision sent to you by the Tribunal.)

  

Has more than 28 days passed since the date  
on the letter sending you the decision?

Yes     No

If the answer is Yes, you need to apply for an extension of time by giving your reasons for the delay here:

## D: Reasons for Application for Permission to Appeal

**You can only appeal if you think the First-tier Tribunal (Primary Health Lists) was wrong on one or more points of law.**

Please state what error of law you consider the Tribunal has made. Say what result you are seeking.

Continue on a separate sheet if necessary

## E: Sign and date this form

This form can be signed by the person bringing the appeal or by their Legal Representative.

(A typed signature is acceptable)

<b>Your signature</b>	
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**Or**

<b>Your legal representative's signature</b>	
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Date  /  /

**By post:**

HM Courts & Tribunals Service  
Primary Health Lists  
1st Floor, Darlington Magistrates' Court  
Parkgate  
Darlington  
DL1 1RU

**By email:**

primaryhealthlists@hmcts.gsi.gov.uk

**By Fax:**

01264 785013

For further information about appeals to the Tribunal you can log on to the Primary Health Lists section of the Tribunal Service web site: [www.justice.gov.uk/tribunals/primary-health-lists](http://www.justice.gov.uk/tribunals/primary-health-lists)

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address <https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter>

To receive a paper copy of this privacy notice, please call 0300 123 1024 Textphone 18001 0300 123 1024. If calling from Scotland, please call 0300 790 6234 Textphone 18001 0300 790 6234.