

Application for appeal

Child of or under statutory school age

Please complete this form in CAPITAL LETTERS.

Contact Details

The tribunal's preferred method of communication is by email, phone or text. Therefore, it is crucial that you let the tribunal know of any change of email or phone number.

Section 1: Your child's details

Surname

First name(s)

Home address

Postcode

Gender

 Boy Girl

Date of birth

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Name and address of youth accommodation at which your child is detained

Postcode

Date of sentence or remand or recall order

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Length of sentence or detention order

Anticipated date of release

//

Section 2: What are you appealing against?

Please tick all those that apply:

- I (or the person in charge of the custodial establishment) requested an assessment of my child's EHC needs but the Local Authority refused to secure an EHC needs assessment
- The Local Authority has secured an assessment of my child's EHC needs but refused to make an EHC plan
- The Local Authority made an EHC plan which will come into effect post detention

AND

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

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

I disagree with the description of my child's difficulties because:

My child's difficulties are:

I disagree with the LA description of my child's provision because:

The help that my child requires 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

I consent to the local authority obtaining the child's views on the issues in the appeal to submit to the Tribunal with their response

 Yes No

Existing claims/appeals

Is there another current appeal in relation to this child, 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 for this child?

 Yes No

If Yes, please give the

date of claim

/ /

claim number

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

 Yes No

Section 4: Your contact details

Parent One

Mr Mrs Miss Ms

Other _____

Surname

First name(s)

Relationship to the child (eg. parent, guardian, foster parent or person who has care of the child)

Email address

If any other person or organisation shares parental responsibility for the child please give the name and address of each person or organisation and confirm that you have notified them of the appeal:

If you believe they should not receive details of the appeal, please explain why

Parent Two

Mr Mrs Miss Ms

Other _____

Surname

First name(s)

Relationship to the child (eg. parent, guardian, foster parent or person who has care of the child)

Email address

Home address

Postcode

Daytime phone number

Mobile phone number

Your representative

Is your representative legally qualified? Yes No

Mr Mrs Miss Ms

Other _____

Surname

First name(s)

Profession and organisation

Email address

Address

Postcode

Daytime phone number

Mobile phone number

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 otherwise, we will send them to your representative. If you do not have a representative we will send them to the first named parent.

Parent One Parent Two Representative

Section 5: Witnesses

If you have any witnesses please give their details below

Name of Witness 1

Profession

Name of Witness 2

Profession

Name of Witness 3

Profession

Section 6: The hearing – your needs and requirements

Please tell us here about any special needs you may have which we need to take into account when arranging your hearing. This might be things such as hearing loops or disability access.

Question 1 - Your needs

Do you have any special needs?

Yes No

If Yes, please tell us about this in the box below

Question 2 - Your signer or interpreter and language requirements

Do you require a interpreter or signer to assist you at the hearing?

Yes No

If Yes, please tell us the language and dialect required below

Language or type of sign language interpreter

Dialect

We will arrange for a professional interpreter to be present at the hearing.

Section 7: 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 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 the appeal form)
- A copy of your child's EHC plan and all the documents listed in Part K (where a plan has been issued)
- The appeal form has been signed and dated by parents/parental representative making the appeal

Section 8: Please sign below

1st Parent signature

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

2nd Parent signature

Representative signature

(a qualified lawyer can sign on your behalf with your permission)

Who are you representing?

- 1st Parent
- 2nd Parent

Date / /

Section 9: 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: sendistquiries@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.



HM Courts &
Tribunals Service

Diversity Monitoring Questionnaire

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

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.