

Appeal application form

Prohibition or Restriction from Participating in the Management of an Independent School under Section 142 of the Education Act

For office use onlyCase reference
numberOffice stamp
(date received)

Use this form to appeal to the First-tier Tribunal (Care Standards) in all cases involving a decision issued by the Secretary of State – Department for Education prohibiting or restricting you from Participating in the Management of an Independent School.

Please complete this form in CAPITAL LETTERS or type and either return it by post, email or fax, details at the end of this form.

A – Applicant's details (please provide a UK address)

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please specify) Surname First name(s) Address Telephone number Mobile number Postcode Email address

B – Your representative's details

Name Profession Address Telephone number Mobile number Fax number Postcode Email address

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.

Who should receive information about the appeal?

☐ You ☐ Your representative

C – Prohibition or restriction from teaching or working with children under Section 142 of the Education Act

I want to: (Tick the relevant boxes)

1. Appeal against a direction or decision by the Secretary of State:

- ☐ to prohibit or restrict work which involves the management of an independent school
or
☐ not to revoke or vary an existing prohibition or restriction

Grounds for prohibition or restriction

2. On what grounds has your teaching, working with children or involvement in the management of an independent school been prohibited or restricted.

- ☐ Misconduct
☐ Other (if other, give details in section F)

Have you attached a copy of the decision under appeal?

☐ Yes ☐ No

If No, please give reasons why not

D – Type of hearing

If you do not want an oral hearing and the Tribunal agrees, your appeal will be determined on the written evidence that you and the other party submit.

Do you want your case to be considered by a panel on the papers and neither party attends?

☐ Yes ☐ No

E – Interpreter

Do you or your witnesses require an **interpreter** at either the Telephone Case Management Hearing or the final hearing?

☐ Yes ☐ No

If Yes, please state which language.

F – Is the appeal in time - see time limits at section I.

☐ Yes - **Continue to section G**

☐ No - Read below

If you know your appeal is late, or you are not sure if it will be received in time, you must apply for an extension of time. Explain why your appeal is late in the box below.

If you are unsure about the time limit, refer to the guidance 'Appealing to the First-tier Tribunal (Care Standards) – a guide to the appeals procedures' (available from Care Standards website: www.justice.gov.uk/tribunals/care-standards) or contact the Care Standards Office for advice (details at the end of the form).

Attach any evidence/additional sheets if necessary.

G – Reasons for appeal

Give full reasons why you think the decision of the **Respondent** is wrong.
Please also say what result you are seeking from your appeal.

Please note: You **MUST** include with this appeal application a copy of any written record of the Notice of Decision against which you are appealing and statement of reasons obtained from the respondent.

Continue on a separate sheet if necessary.

H – Other information and your signature

Telephone Case Management Hearing (TCMH) and main hearing;

1. The Case will be listed for a preliminary directions hearing by way of a **Telephone Conference Call** with you, and/or your representative, the Respondent and a Judge. We will send you a guide to the TCMH when your appeal has been registered.
2. In the call, you will be asked about the witnesses you want to call and about the length of time the hearing may take.
3. Prior to the call, the Respondent will write to you or call you to discuss draft directions and the issues which will be discussed at the TCMH.
4. If you want the Tribunal to issue a summons requiring any witness to attend the hearing because they have refused to attend, please raise the matter with the Judge at the TCMH.
5. The main hearing will be heard in public unless the Tribunal directs that it, or any part of it be heard in private. If you want your hearing or part of it to be heard in private, please raise the matter with the Judge at the TCMH and explain why.
6. The Tribunal can make an order prohibiting the disclosure or publication of any specified document or information relating to the appeal proceedings. If you want the Tribunal to make such an order, please raise the matter with the Judge at the TCMH and explain why.
7. An **interpreter can be arranged** for the TCMH and the final Hearing, please complete Section G if one is needed.

Your signature:

Date:

This form can be signed by the person bringing the appeal or by their Legal Representative.
(A typed signature is acceptable)

When you have completed this form, send it **with a copy of the decision letter** sent to you, giving you the right to appeal **and any other relevant documentation**.

Oral/Paper Hearing

If you and the Respondent do not want an oral hearing and the Tribunal agrees, your appeal will be determined on the written evidence that you and the other party submit.

Paper hearings are not suitable for cases which require the Tribunal to determine facts. They may be suitable for emergency hearings.

Sign and date this form

If you have completed all the sections relevant to your appeal you should now **sign and date this form** and return it immediately to Care Standards at the address given at the end of this document.

Time limits for appeal - please read carefully

Please note that you **must** complete and return this application within the following time limits for:

- Appeals against a direction issued by the Secretary of State for Education and Skills prohibiting or restricting you from participating in the management of an independent school is **3 months** from the date of service on you of the direction which you wish to appeal. We aim to deal with appeals in **30 weeks** from registration date.

Care Standards contact details

Post:

HM Courts & Tribunals Service
Care Standards
1st Floor, Darlington Magistrates' Court
Parkgate,
Darlington
DL1 1RU

Telephone: 01325 289350

Email: cst@hmcts.gsi.gov.uk

Fax: 01264 785013

For further information about appeals to the Tribunal, go to the Care Standards website: www.justice.gov.uk/guidance/courts-and-tribunals/tribunals/care-standards/index.htm

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.