

# Appeal against a decision of a registration appeals panel

(Section 104 of the Regulation and Inspection of Social Care (Wales) Act 2016)

Use this form to appeal to the First-tier Tribunal (Care Standards) under section 104 of the Regulation and Inspection of Social Care (Wales) Act 2016 against a decision of a registration appeals panel.

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.

## For office use only

Case reference number

Date received

## A. Details of person bringing the appeal

### Name

First name(s)

Last name

### Address

Building and street

Second line of address

Town or city

County (optional)

Postcode

--	--	--	--	--	--	--	--

Phone number

Email (if applicable)

## **B. Details of representative (if any)**

### **Name**

First name(s)

Last name

### **Address**

Building and street

Second line of address

Town or city

County (optional)

Postcode

Phone number

Email (if applicable)

## C. Respondent details

Name of organisation (if applicable)

Person to contact in Social Care Wales

First name(s)

Last name

Address

Building and street

Second line of address

Town or city

County (optional)

Postcode

--	--	--	--	--	--	--	--	--	--

Phone number

Email address

## D. Date of decision of the registration appeals panel

Day

Month

Year

## E. Is the appeal in time?

Yes – go to section F

No – Read below

An appeal must be brought before the end of the period of 28 days beginning with the date of the panel's decision. 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. The Tribunal may allow an appeal to be made after the end of the period of 28 days beginning with the date the person was notified of the panel's decision. It may do so if it is satisfied that there is a good reason for the failure to appeal before the end of that period (and for any delay in applying for permission to appeal out of time).

## F. Details of appeal

I wish to appeal against the decision of the registration appeals panel which (tick as appropriate):

- Made a determination under section 98(1)(b) that my entry in the register should not be restored for a reason that relates to my fitness to practice;
- Directed under section 98(4) that I may not make further applications for restoration to a part of the register (or confirmed such a direction under section 99(2));
- Made a determination in respect of an application for restoration referred to it by virtue of rules made under section 100(2)(e) for a reason that relates to my fitness to practice;
- Made a determination under section 103 in respect of an appeal against a decision of the registrar.

## **G. Reasons for appeal**

Give full reasons why you think the decision of the registration appeals panel is wrong.

Please also say what result you are seeking from your appeal.

Have you attached a copy of the decision registration appeals panel?

Yes

No

Any other information

## Signature

Your signature

Date

Day

Month

Year

## Other information

When you have completed this form, **send it, with a copy of the decision notice, if you have it**, to the First-tier Tribunal (Care Standards)

### By email

cst@justice.gov.uk

### By Post

HM Courts & Tribunals Service  
Care Standards  
1st Floor, Darlington Magistrates' Court  
Parkgate  
Darlington DL1 1RU  
Phone: 01325 289350

### By 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](http://www.justice.gov.uk/guidance/courts-and-tribunals/tribunals/care-standards/index.htm)