

Application for an extension of an interim order

Section 148 of the Regulation and Inspection of Social Care (Wales) Act 2016

Use this form to apply to the First-tier Tribunal (Care Standards) for an extension of an Interim order/Interim conditional registration order under Regulation 148 of the Regulation and Inspection of Social Care (Wales) Act 2016.

For office use only

Case reference number

Date received

Name of the person making the application

Position within Social Care Wales

Building and street

Second line of address

Town or city

County (optional)

Postcode

Phone number

Email

A. Details of application

Name of person against whom application is being sought

Address of person against whom the application is being sought

Building and street

Second line of address

Town or city

County (optional)

Postcode

Email

B. Details of representative (if any)

Name

Building and street

Second line of address

Town or city

County (optional)

Postcode

Phone number

Email

C. Details of Interim Order

Type of interim order:

- Interim suspension order
 Interim conditional registration order

Date current order was imposed

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date on which notice of decision was given

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date current order is due to expire

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date to which an extension is sought

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

E. Reasons for appeal

Give reasons for your appeal.

E1. Have any previous applications for an extension of this interim order been made?

Yes – **go to E2**

No – **go to E6**

E2. When was that application made?

Day

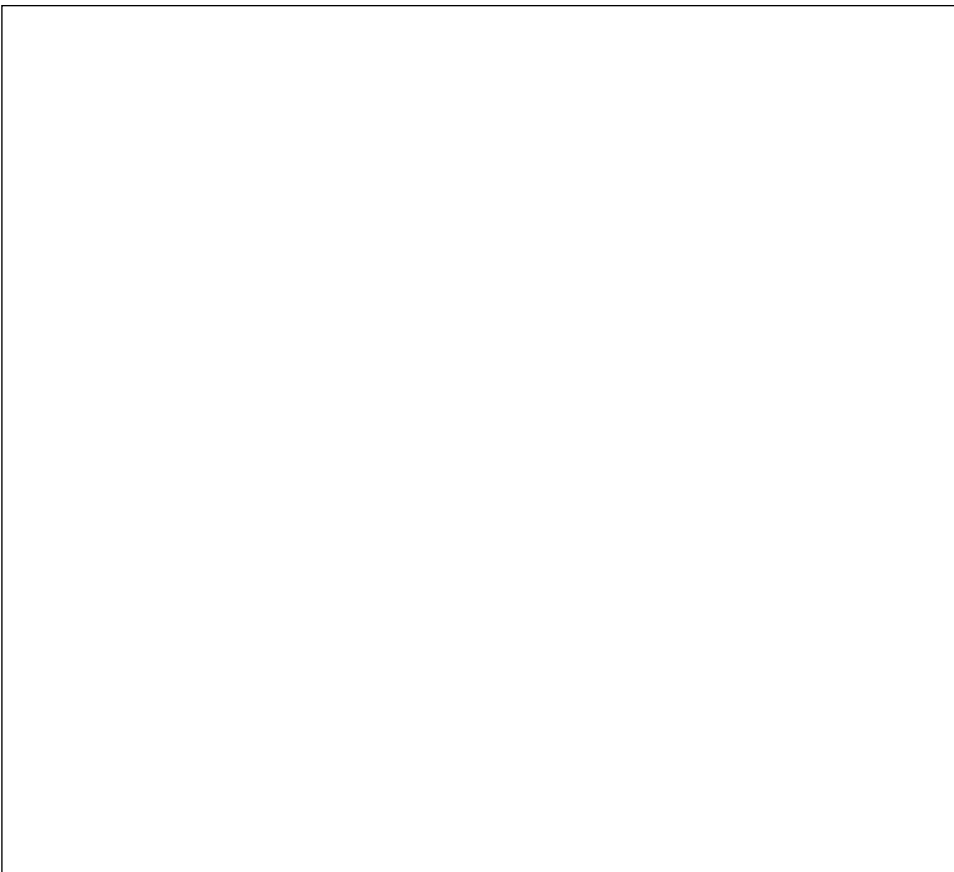
Month

Year

E3. What was/were the reason(s) for that application?



E4. What was the result of that application?



E5. Please set out on a separate sheet the supporting information that you are providing in respect of any previous applications.

E6. If no previous applications for an extension of this interim order has been made, please explain why not.

Signature

Your signature

Date

Day

Month

Year

When you have completed this form

Send it with **a copy of the interim order** to the
Care Standards Tribunal

Post:

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

Email: cst@justice.gov.uk

Phone: 01325 289350

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.html