

# Application for appeal

Child or young person

## Who can bring an appeal?

### Appeal concerning a Child

An appeal concerning a child aged 0 – 16 years can be brought by a parent or parents, someone with parental responsibility or someone who cares for a child. That person can appoint a representative to act on their behalf during the appeal process including at the hearing if they wish to do so. They can also have an additional person, a parental supporter, to attend an appeal hearing to give them further support.

### Appeal about a Young Person

#### A Young Person is aged 16 or over and under 25 years old

It should always be presumed that a Young Person has the mental capacity to make an appeal to the Tribunal. An appeal made by a Young Person will often be with the support of an advocate. An advocate can be a parent, family member or other individual, including someone who is paid to do so. A Young Person can also appoint a representative to act on their behalf during the appeal process, including at the hearing.

#### If a Young Person cannot bring an appeal themselves – making an appeal as an Alternative Person?

If a Young Person does not have the mental capacity to bring an appeal and/or to make decisions about the appeal then it can be brought by an Alternative Person, acting in the best interest of the young person. This will be any Deputy appointed by the Court of Protection or if this has not happened, then usually, a young person's parents. It could also be a family member or someone from the LA's Social Care team. The Tribunal will still want to know what the Young Person's views are on the issues in the appeal but it is the views of the Alternative Person which they will consider in deciding the appeal. An Alternative Person can also appoint a representative during the appeal process including at the hearing if they wish to do so.

### Who can be an advocate?

An advocate is someone who knows the young person, who understands what they think about the issues in the appeal and so can speak on the young person's behalf. They can be a parent, family member, friend or a paid advocate. They are not someone who can give advice on the issues in the appeal.

### Who can be a representative?

A representative is someone who will give advice on the issues in the appeal, prepare the paperwork and represent the person making an appeal to the Tribunal. They can also be an advocate. They could be a volunteer from a charity, a paid representative, a solicitor or barrister.

Most appeals to the Tribunal are made without a Representative. The Tribunal will support both parties through the process of making an appeal to ensure that it is decided fairly and justly.

### About this form

This form helps you provide all the information the Tribunal requires to register an appeal. It will also ensure that your appeal contains all the necessary details which the law requires.

### How to fill in this form

Please use BLOCK CAPITALS unless the form tell you not to, or complete the form electronically and send to the tribunal.

### Contact Details

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

## Section 1: Who is the appeal about?

- A **child** under 16 years old
- A **young person** aged 16 or over and under 25 years old

Surname

First name(s)

Gender

- Male  Female  Other

Date of birth

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

## Section 2: What are you appealing against?

I am asking the Tribunal make a decision on the following issues (please tick all those that apply)

- The Local Authority secured an EHC assessment but refused to make an EHC plan
- The Local Authority has issued an EHC plan following an EHC Needs Assessment
- The Local Authority has refused to secure a Re-Assessment of EHC Needs
- The Local Authority has carried out an annual review of the EHC plan
- The Local Authority has refused to amend the EHC plan after an EHC Needs Re-Assessment
- The Local Authority has decided that the EHC plan is no longer necessary and are going to 'Cease to Maintain' the plan
- and**
- I disagree with what the EHC plan says about the child or young persons special educational needs (Section B)
- I disagree with what the EHC plan says about the educational help/provision the child or Young Person requires (Section F)
- I disagree with the school/college/institution named in the EHC plan (Section I)
- or**
- The Local Authority has not named a school/college/institution in the EHC plan (Section I)

If you are appealing against Section I of the EHC plan please provide the name and address of the school/college/institution that you are asking the Tribunal to name instead:

Name of school/college/institution

Address

Postcode

Please confirm that you have contacted the school/college/institution about the child or Young Person attending there, the date you did so and any response they made:

If you cannot name a particular school/college/institution, please describe the type of school/college/institution you would prefer in Section I:

If you are asking the tribunal to make a recommendation for Health or Social Care needs.

I disagree with what the EHC plan says about health

I disagree with what the EHC plan says about social care

### Section 3: Reasons for appeal

I am bringing the appeal because (to be completed in all appeals):

I disagree with the description of special educational needs (Section B of the EHCP) because:

I disagree with the specification of special educational provision (Section F of the EHCP) because:

The LA have not considered

I disagree with the LA's choice of school/college/institution (Section I of the EHCP) because:

I prefer my choice of school/college/institution (Section I of the EHCP) because:

*(please continue on a separate page if necessary)*

**Section 4: Reasons for asking for a recommendation for Health and/or Social Care**

Where an application for a health and/or social care recommendation has been made the Local Authority will send a copy of the appeal form to the health and/or social care provider.

I disagree with the health care needs and health provision (Section C and G if concerning an EHC plan) because:

I want the Tribunal to make a recommendation about the health care needs and health provision (Section C and G if concerning an EHC plan) as follows:

I disagree with the social care needs and social care provision (Section D and H if concerning an EHC plan) because:

I want the Tribunal to make a recommendation about the social care needs and social care provision (Section D and H if concerning an EHC) as follows:

*(please continue on a separate page if necessary)*

## Section 5: Making the appeal

### LA decision

Which local authority made the decision that you are appealing against?

What is the date on the decision letter from the local authority?

### Late appeal or no mediation certificate

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 the 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. If you do not do so, the papers will be returned to you without being registered or seen by a Tribunal Judge.

If you do not have mediation certificate you must set out in writing why you have not been able to get one. If you do not give an explanation, the papers will be returned to you without being registered or seen by a Tribunal Judge.

- My appeal is being made late
- I do not have a mediation certificate

Please explain why this has happened:

## Section 6: Who is making the appeal?

I am making this application to appeal.

Please tick only one of these options – see page 1 for explanations:

- Parent or other – on behalf of a child under 16 years old
- Young Person – aged 16 and under 25 years old
- Alternative Person – making an appeal in the ‘best interests’ of a young person who does not have the Mental Capacity to bring an appeal themselves

### A. Details of first person making the appeal

- Mr     Mrs     Miss     Ms
- Other \_\_\_\_\_

Surname

First name(s)

If you are not the Young Person, what is your relationship to the child or Young Person e.g. parent, foster parent

Email address

Home address

Postcode

Daytime phone number

Mobile phone number

### B. Details of second person making the appeal

- Mr     Mrs     Miss     Ms
- Other \_\_\_\_\_

Surname

First name(s)

If you are not the Young Person, what is your relationship to the child or Young Person e.g. parent, foster parent

Email address

Home address

Postcode

Daytime phone number

Mobile phone number

## Section 7: Who else is involved in the appeal?

If any other person or organisation shares parental responsibility for the child or has been appointed as a Deputy by the Court of Protection for a Young Person, please give the name and contact details 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:

If any other court or tribunal has made an order concerning the child or young person, including the family court, you must provide the details:

### Your advocate

If you are a Young Person making the appeal, do you have an advocate to support you to express your views. Who are they?

Mr     Mrs     Miss     Ms

Other \_\_\_\_\_

Surname

First name(s)

Relationship to you e.g. parent, guardian, family member, friend, paid advocate.

Home address

Postcode

Daytime phone number

Mobile phone number

Email address



## Your representative

Have you appointed a representative to support you in making the appeal?  Yes  No

Please provide their contact details

Mr  Mrs  Miss  Ms

Other \_\_\_\_\_

Surname

First name(s)

Relationship to you e.g. parent, guardian, family member, friend, paid advocate.

Contact address

Postcode

Daytime phone number

Mobile phone number

Email address

## 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.

Papers and documents should be sent to:

Young person  Parent 1  Parent 2

Advocate  Representative

## Section 8: 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 disabled 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 an 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 9: Paper hearing

If the Tribunal agrees, do you agree that the appeal can be determined on the written evidence without an oral hearing? Both parties and a Judge must agree to the appeal being heard on the papers, only after the Local Authority's response has been received.

Yes  No

I consent to the final hearing of the appeal being listed on an earlier date if one becomes available

Yes  No

### Existing claims/appeals

Is there another current appeal or claim in relation to this child or a sibling, that is being dealt with at the moment?

Yes  No

If Yes, please give the appeal number

## Section 10: 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/college/institution or type of school/college/institution only whereby a mediation certificate is not 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**

## Section 11: Please sign below

1<sup>st</sup> Parent or Young Person's  
signature

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

2<sup>nd</sup> Parent signature

**Representative signature**

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

Who are you representing?

1<sup>st</sup> Parent

2<sup>nd</sup> Parent

Young Person

**Date** //

## Section 12: Sending us your appeal

When you have completed the appeal form and signed it, please send it and all other relevant documents to

Email: **send@justice.gov.uk** - write in the subject line of your email '**New Appeal**' to ensure it is dealt with quickly

HM Courts & Tribunals Service  
Special Educational Needs and Disability Tribunal  
1st Floor, Darlington Magistrates Court  
Parkgate  
Darlington DL1 1RU

Fax: 0870 739 4017

If you need to contact us by telephone our number is: 0300 303 5857

**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.

**When sending your appeal to the Tribunal please list all the documents and evidence you are sending in using a table format as shown below.**

Date of document	No. of pages	Name of person who signed or wrote it and the type of document	What is the relevance of this document?
21.11.16	25 pages	Dr M. Smith, Educational Psychologist	Assessment of needs

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.