

First-tier Tribunal - Health, Education and Social Care Chamber (Care Standards)

## **Appeal application form**

## **Establishment Agencies**

For office use only	
Case reference number	
Office stamp (date received)	

Use this form to appeal to the First-tier Tribunal (Care Standards) against a decision by the Care Quality Commission (CQC); a Justice of the Peace; the Health Inspectorate Wales or the Care Inspectorate Wales in relation to registration of your Establishment Agencies.

Establishment Agencies.

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.

Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms	Other (please specify)	
Surname			
First name(s)			
Address		Telephone number	
		Mobile number	
	Postcode		
Email address			
B – Your re	presentative's details (If appointed, pla	ease give details of your representative)	
	presentative's details (If appointed, pla	ease give details of your representative)	
	presentative's details (If appointed, pla	ease give details of your representative)	
<b>B – Your re</b> Name Profession	presentative's details (If appointed, pla	ease give details of your representative)	
Name Profession	presentative's details (If appointed, plane)		
Name Profession	presentative's details (If appointed, plane)	Telephone number	
Name	presentative's details (If appointed, ple		
Name Profession	Postcode Postcode	Telephone number	
Name Profession		Telephone number  Mobile number	
Name Profession Address		Telephone number  Mobile number	
Name Profession Address Email address	Postcode Pos	Telephone number  Mobile number  Fax number	

the Pe	s your regulated activity that the Care Qualace; the Health Inspectorate Wales or the C	•	
the de	cision about: (List all involved in the appeal)		
I wish to appe	al against a decision to: (tick as appropriate)		
	Refuse registration		
	Cancel registration		
	☐ Impose, removal or vary of conditions of registration	on	
	Refuse to remove or vary any condition of registration	ion	
	Non-urgent suspension of registration		
	Non-urgent extension to period of suspension		
	*Urgent decision to suspend or cancel registration	Date decision	received:
	*Urgent decision to impose, removal or vary condit	tions Date decision	received:
	☐ A decision of a Justice of the Peace		
	Is the appeal from a Service Provider/Manager	Yes	□No
	Is the appeal from a Director of Company providing services	Yes	□No
the Health I Commissior time you se	pealing against an urgent decision issued by the Care Quanspectorate Wales or the Care Inspectorate Wales, you must (CQC); a Justice of the Peace; the Health Inspectorate Wand it to the Tribunal. eals are dealt with on an emergency basis and require you	ust send a copy of you lles or the Care Inspe	ur appeal to the Care Quality
Have you atta	ched a copy of the decision under appeal?	Yes	□No
If No, please g	ive reasons why not		
D – Type o	f hearing		
•	want an oral hearing and the Tribunal agrees, your appeal n the written evidence that you and the other party subm		
Do you want y	our case to be considered by a panel on the papers and r	neither 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/carestandards) or contact the Care Standards Office for advice (details at the end of the form).	f		
Attach any evidence/additional sheets if necessary.			
G – The result the applicant is seeking			
Continue on a separate sheet if necessary.			

## H – 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.

#### I – Other information and your signature

# Telephone Case Management Hearing (TCMH) and main hearing

- 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.

#### **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 decision relating to a Regulated Activity issued by the Care Quality Commission (CQC); a Justice of the Peace or Health Inspectorate Wales must be be within 28 days from the date of the notice of decision which you wish to appeal. (We aim to deal with appeals within 30 weeks from registration date).
- Appeals against a decision relating to a Regulated Activity (urgent) issued by the Care Quality Commission (CQC); a Justice of the Peace or Health Inspectorate Wales must be made within 10 days from the date of the notice of decision which you wish to appeal. (We aim to deal with appeals in 5 working days from receipt of the authority's response for a paper hearing and 10 working days from receipt of the authority's response for an oral hearing).
- Appeals against a decision relating to a Regulated Activity issued by the Care Inspectorate Wales must be made within 28 days after the date on which notice was given.
- Appeals against an order relating to a Regulated Activity by a Justice of the Peace on the application of Care Inspectorate Wales must be made within 14 days after the date on which notice of the order was given.

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.

#### **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.