

Application for appeal

Child under the age of 16 years

Please complete this form in CAPITAL LETTERS.

Section 1: Your child's details

Surname

Gender

 Boy Girl

First name(s)

Date of birth

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Section 2: What are you appealing against?

Please tick all those that apply:

- I (or the school) asked the Local Authority to secure an EHC needs assessment of my child but they refused
- The Local Authority secured an EHC assessment for my child but refused to make an EHC plan
- My child already has an EHC plan, I (or the school) asked the Local Authority to re-assess my child but they refused
- The Local Authority made an EHC plan for my child, reviewed the plan or reassessed and refused to replace it or decided to stop maintaining it

AND

- I disagree with what the EHC plan says about my child's special educational needs
- I disagree with what the EHC plan says about the educational help/provision my child should receive
- I disagree with the school named in Part I of the EHC plan
- The Local Authority has not named a school in Part I of the EHC plan

If you are appealing against the school/institution named in Part I please provide us with the name and address of the school/institution you would prefer to be named:

If you cannot name a particular school/institution, please describe the type of school/institution you would like your child to attend.

Name of school/institution

Address

Postcode

If you have told the school/institution that you want them named in your child's EHC plan, please give the date of notification?

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I disagree with the Local Authority's (LA's) decision because:

I disagree with the description of my child's difficulties because:

My child's difficulties are:

I disagree with the LA description of my child's provision because:

The help that my child requires to learn is:

I disagree with the LA's choice of school/institution because:

I prefer my choice of school/institution because:

(please continue on a separate page is necessary)

Section 3: Your appeal

Which Local Authority made the decision against which you are appealing?

On what date did the Local Authority send you the letter giving their decision?

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If the Tribunal agrees, do you agree that the appeal can be determined on the written evidence without an oral hearing?

 Yes No

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

 Yes No

I consent to the local authority obtaining the child's views on the issues in the appeal to submit to the Tribunal with their response

 Yes No

Existing claims/appeals

Is there another current appeal 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

Do you have an existing Disability Discrimination Claim for this child?

 Yes No

If Yes, please give the

date of claim

/ /

claim number

If possible, would you like these appeals to be heard at the same time?

 Yes No

Section 4: Your contact details

Parent One

Mr Mrs Miss Ms

Other _____

Surname

First name(s)

Relationship to the child (eg. parent, guardian, foster parent or person who has care of the child)

Email address

If any other person or organisation shares parental responsibility for the child please give the name and address 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

Parent Two

Mr Mrs Miss Ms

Other _____

Surname

First name(s)

Relationship to the child (eg. parent, guardian, foster parent or person who has care of the child)

Email address

Home address

Postcode

Daytime phone number

Mobile phone number

Your representative

Is your representative legally qualified? Yes No

Mr Mrs Miss Ms

Other _____

Surname

First name(s)

Profession and organisation

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. If you do not have a representative we will send them to the first named parent.

Parent One Parent Two Representative

Section 5: 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/institution or type of school/institution only and no certificate is 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 by parents/parental representative making the appeal

Section 6: Please sign below

1st Parent signature

2nd Parent signature

Representative signature

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

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

Who are you representing?

- 1st Parent
- 2nd Parent

Date / /

Section 7: Sending us your appeal

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

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

Fax: 0870 739 4017
Email: sendistqueries@hmcts.gsi.gov.uk

If you need to contact us by telephone our number is: 01325 289350

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.



HM Courts &
Tribunals Service

Diversity Monitoring Questionnaire

It is important to us that everyone who has contact with HM Courts & Tribunals Service, receives equal treatment. We need to find out whether our policies are effective and to take steps to ensure the impact of future policies can be fully assessed to try to avoid any adverse impacts on any particular groups of people.

That is why we are asking you to complete the following questionnaire, which will be used to provide us with the relevant statistical information. **Your answers will be treated in strict confidence.**

Thank you in advance for your co-operation.

What is your ethnic group?

White

- (a) English/Welsh/Scottish/Northern Irish/British
- (b) Irish
- (c) Gypsy or Irish Traveller
- (d) Any other White background

Mixed / multiple ethnic groups

- (e) White and Black Caribbean
- (f) White and Black African
- (g) White and Asian
- (h) Any other Mixed / multiple ethnic background

Asian/Asian British

- (i) Indian
- (j) Pakistani
- (k) Bangladeshi
- (l) Chinese
- (m) Any other Asian background

Black / African / Caribbean / Black British

- (n) African
- (o) Caribbean
- (p) Any other Black / African / Caribbean background

Other ethnic group

- (q) Arab
- (r) Any other ethnic group
- (s) Prefer not to say