

Permission to appeal to the Upper Tribunal: Application form

It is important that you read our guidance booklet *Permission to Appeal to Upper Tribunal: Guidance (ETW 22)* before filling in this form. An application must be made so that it is received by the Tribunal no more than 28 calendar days from the date when the Tribunal sent its decision.

Please write clearly in black ink and CAPITAL LETTERS.

If you need help to fill in the form, contact our helpline on 0300 025 9800.

This document is also available in Welsh. Please contact the Tribunal for a Welsh version of this document.

ETW welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English. You may submit forms, documents, and make written representations to ETW in Welsh or English.

Section 1 – Case details	
Appeal or claim reference number:	
Child or young person's name:	
Name of local authority, FEI or responsible body:	
Date of Hearing:	
Date decision was sent to you by the Tribunal:	

Section 2 – Your details

You must be a party to the case to appeal the decision. Please put a X in the correct box below to indicate your involvement in the case:

Child or young person			
Child's parent			
Case friend of a child who	lacks capacity		
Representative of a paren	t or young person who lac	cks capacity	
Local authority officer			
FEI officer			
Responsible body officer			
Please provide your details h	nere:		
Name:			
Profession (if applicable):			
Email Address:			
Telephone:		Mobile:	
Address (including postcoo	de):		
	,		
Section 3 – Represe	entative		
If you have a representative,	nlease provide details:		
ii you nave a representative,	please provide details.		
Name of representative:			
Profession and organisati	on:		
Email address:			
Telephone:		Mobile:	

	ETW23
Address (including postcode):	
Are they legally qualified:	Yes No
Do they wish to communicate in Welsh or English?	Welsh English
Section 4 – Information about your ap	olication for permission
We can only send papers and documents to one of the who this should be by ticking one box below:	people named on this form. Please indicate
To you (named in section 2)	
To your representative (named in section 3)	
Language Preference	
ETW welcomes receiving correspondence and phone submit forms, documents, and make written representations.	· ·
Corresponding in either language will not lead to a delawhich language you would prefer below.	ay in our response. Please let us know
Written communication :	Welsh English
Verbal communication:	Welsh English
Do you wish to speak Welsh in any legal proceedings	hat may result from this application?
If we can help by translating our letters to you into anoth any other requirements, we will do our best to meet you that your appeal takes us longer to prepare. Please tel	r needs (free of charge). This may mean

Section 5 – Reasons for making your application for permission

	Tick this box if you have continued on a separate page:			
If you need more space continue on a separate sheet of paper but make sure that it is securely attached to your application with the appeal / claim number clearly marked.				
refer to the guidance notes before completing this section.				
Please explain why you think that the Tribunal decision is wrong in law. You may want to				

Vhat results are you lookin	g for in making	g this application	on?	

Tick this box if you have continued on a separate page:

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Signed: Name (IN CAPITALS): Date:

Sending us your application

Once you have filled in the form, please make sure that you have made a copy of your Application and that you have signed it.

Please send the completed form and copies of all the relevant documents to us at:

educationtribunal@gov.wales

OR

Welsh Tribunals Unit PO Box 100 Llandrindod Wells LD1 9BW

If you need to contact us by telephone our number is: 0300 025 9800