**Application seeking a Stay of a decision**

**of SACAT**



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| **Is this form being completed by the applicant for internal review? If not, who is completing this form? *(If you are not the applicant, please provide your name, email address and phone number)*** |
| {{ EHNtype}}  {{ EHNsalutation}} {{ EHNfirstname }} {{ EHNlastname }}  {{ EHNemailaddress }}  {{ EHNphonenumber }} |
| **What is the SACAT reference number for the Internal Review application?** |
| {{ EHNSACAT\_ref\_no}} |
| **What is the date of the decision you are seeking to review?** |
| {{ EHNdate}} |
| **Are you seeking a stay of all or part of the decision? If you are seeking a stay of part of the decision, could you please identify which part (or specify the Order numbers)?** |
| {{ EHNpart\_of\_decision}} |
| **Please state your argument in support of your request for a stay?** |
| {{ EHNargument}} |

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| **What evidence are you proposing to provide in support of your internal review application? (Please state the evidence below and provide a copy to SACAT).** |
| {{ EHNevidence}} |
| **What are the consequences for you if a stay of the previous SACAT decision is not granted?**  **N.B. *A copy of this document may be provided to the other party(s) in this matter so that the Tribunal can seek their views about your application and the consequences for them, if the previous Order were to be stayed.*** |
| {{ EHNconsequence}} |
| **What Orders are you seeking from SACAT (*i.e. what decision are you asking SACAT to make*)?** |
| 1. {{ EHNorder}}    2.    3.    4. |
| **Have you corresponded with any other party in relation to your request for a stay of the previous order?** |
| {{ EHNparties}} |

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