



UPPER TRIBUNAL
ADMINISTRATIVE APPEALS CHAMBER

APPLICATION FOR PERMISSION TO APPEAL
and
NOTICE OF APPEAL
from decisions of the
MENTAL HEALTH REVIEW TRIBUNAL FOR WALES

Office stamp
(date received)

You **must** apply to the MHRT, Wales for permission to appeal before you fill in this form.

Use this form *either* (1) **to apply to the Upper Tribunal for permission** to appeal if **MHRT for Wales** refused to admit your application or refused you permission to appeal

or (2) **to appeal to the Upper Tribunal** if **MHRT for Wales** has granted you permission to appeal

Please Use **black ink** and complete the form in **CAPITAL LETTERS**.
Please fill in all the boxes. Answer as many questions as you are able.
Use another sheet of paper if there is not enough space for you to say everything.
(Please put your full name at the top of the sheet.)

A About the Applicant/Appellant

Is the applicant/
appellant

a patient ?

☐

or the patient's nearest relative?

☐

or a responsible authority?

☐

or the Secretary of State?

☐

Please tick the appropriate box

B About the Patient

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Surname

Other names

Address or
hospital where
detained

Postcode

Daytime telephone
number

Date of
birth

Non- restricted patients. Is the patient

Detained but not restricted?
On a community treatment order?
On a guardianship order?
Detained under section 2

Restricted patients

Is the patient

Detained and restricted?
On a conditional discharge order?

** Please tick the appropriate box*

C

About the patient's Nearest Relative

Is this application/appeal made by the patient's Nearest Relative?

No ☐ Yes ☐

Name of Nearest
Relative

--

Address of Nearest Relative

Postcode

--

Daytime telephone number

--

D

About the patient or nearest relative's representative

Is the Patient or Nearest Relative represented by a solicitor?
Or other representative?

No ☐

Yes ☐ Name of representative

--

Address of representative

Postcode

--

Daytime telephone number

--

Is the patient detained or a community patient?
If so, give details of the responsible authority
and the relevant hospital, if different

Name of hospital

Name of official

Address of hospital

Postcode

Daytime telephone number

Please give the **name and address of the responsible authority's representative** below

Name of representative

Name of firm

Address

Postcode

Daytime telephone number

E**About the responsible authority (continued)****Is the patient subject to guardianship?**

Name of official

Name of social services authority

Address of hospital

Address of authority

Postcode

Daytime telephone number

Reference number (if any)

F**About the Mental Health Review Tribunal for Wales which decided your case**

Where was the tribunal hearing?

What was the date of the tribunal's hearing?

What was the tribunal's register number (if notified to you)? (This will be on all correspondence.)

Note: You must apply to MHRT for Wales for permission to appeal before you fill in this form

Did MHRT for Wales refuse to admit your application because you were late?

No ☐

Yes ☐

Has more than one month passed since MHRT for Wales sent you notice of the grant or refusal of permission to appeal or notice that your application has not been admitted?

No ☐

Yes ☐

If the answer to either of the above questions (or both) is "yes", please explain the delay

Note: You can only appeal if you think Mental Health Review Tribunal for Wales was wrong on one or more **points of law**

Please state what error of law you consider MHRT for Wales has made.

[illegible]

If you want to say more, please use another sheet of paper

Request for an oral hearing of an Application

N.B. This section is concerned only with initial oral hearings of applications for permission to appeal. If you are given permission to appeal, you will be given the opportunity to ask for an oral hearing of the appeal at a later stage when you have seen all the written submissions in the case. If you are refused permission without an oral hearing you will be given the opportunity to make another application for permission with an oral hearing

Has MHRT for Wales given you permission to appeal?

Yes ☐ **Your case is an appeal.** Go straight to **Part J** on the next page.

No ☐ **You are applying to the Upper Tribunal for permission to appeal.** Do you or your representative wish to have **an oral hearing** before the Upper Tribunal at this stage?

No ☐

Yes ☐ Please say why

Would you like the hearing to be in private?

No ☐

Yes ☐ Please say why

I apply for permission to appeal against the decision of the MHRT for Wales ☐

or

I appeal against the decision of the MHRT for Wales. ☐

I authorise my representative to act on my behalf in all proceedings before the Upper Tribunal.*

(* Delete if you have no representative or you are a solicitor filling in this form on behalf of a client)

Signature of applicant or appellant

Date

 / /

Application for urgent consideration

If exceptional urgency is being claimed
Please say why and give timescale sought

AFTER YOU HAVE COMPLETED THIS FORM – please send it to:

The Administrative Appeals Chamber of the Upper Tribunal,
Civil Justice Centre,
2 Park Street,
Cardiff, CF10 1ET.
Tel: 02920 376460

You MUST enclose the following documents with this form -

- a copy of the written decision issued by MHRT for Wales and all the documents that tribunal relied on to make their decision
- the letter from MHRT for Wales telling you that you have granted or refused permission to appeal or that your application has not been admitted
- a copy of the funding notice or legal aid certificate

• IF YOU DO NOT SEND THESE DOCUMENTS YOUR APPEAL MAY NOT BE ADMITTED OR MAY BE DELAYED.

The Upper Tribunal Office will let you know when they have received this form. Contact the office in Cardiff if you are not told within a week that the form has been received.