

UPPER TRIBUNAL

Office stamp	
(date received)	

CA

ADMINISTRATIVE APPEALS CHAMBER	
APPLICATION FOR PERMISSION TO APPEAL and NOTICE OF APPEAL	
From First-tier Tribunal ARE STANDARDS & PRIMARY HEALTH LISTS	
ust apply to the First-tier Tribunal for permission to appeal bef	ore you fill in this form.

You mu Use this form either (1) to apply to the Upper Tribunal for permission to appeal if the Firsttier Tribunal refused you permission to appeal or your application was not admitted because you were late

> or (2) to appeal to the Upper Tribunal if the First-tier Tribunal has granted you permission to appeal.

Please

Use black ink and complete the form in CAPITALS or in typewriting. Use another sheet of paper if there is not enough space for you to say everything. (Please put your name at the top of any additional sheets.)

A About the Ty	pe of Appeal
Please specify, by tic	king the appropriate box, which area your appeal relates to:
Care Standards	
Primary Health List	s
B About the A	oplicant/Appellant
Title	Mr Mrs Miss Other
Surname, or name of organisation	
Other names	
Address	
Postcode	
Telephone number	
Email address	

Form UT5 HESC (Care Standards and Primary Health Lists) (Jan 2010)

Do you have a solicito	or or other representative?	? No	Yes		
If yes please give you	ır representative's details	below			
Name of representative					
Status (solicitor, ager	nt, friend etc.)				
Organisation (if any)					
Address					
Postcode					
Telephone number					
Email address					
Reference number (if any)					
C About the Res	spondent				
Please give details of other party in the Firs	the respondent below (thet-tier Tribunal)	is will be the per	rson or organis	sation who was the	
Name of respondent organisation or autho	rity				
Address					
-					
Postcode					
Telephone					
Email address					

	e respondent have a representative)?
No	(Complete section D)	
Yes	Name of representative	
	Organisation (if any)	
	Address of representative	
	Postcode	
	Daytime telephone number	
	Reference number (if any)	
D Abo	out the First-tier Tribunal which dec	cided your case
Where wa	as the Tribunal hearing?	
What was	s the date of the Tribunal's decision?	
	s the Tribunal's reference number? be on all correspondence.)	
Did the F	irst-tier Tribunal suspend its decision?	No Yes
Do you w suspensi	rish to apply to the Upper Tribunal for on?	No Yes
If so plea	se indicate in the box below and give you	ur reasons why

Reasons for any delay
Note: You must apply to the First-tier Tribunal for permission to appeal before you fill in this form
Did the First-tier Tribunal refuse to admit your application because No Yes you were late?
Has more than one month passed since the First-tier Tribunal sent No Yes you notice of the grant or refusal of permission to appeal or notice that your application has not been admitted?
If the answer to either of the above questions (or both) is "yes", please apply for an extension of time by giving your reasons for the delay here
If you want to say more, please use another sheet of paper

F	Reasons for appealing			
Please state seeking.	Please state what error of law you consider the Tribunal has made and what result you are seeking.			
appealing, p	(If the First-tier Tribunal granted you permission to appeal on limited grounds and you are now appealing, please state whether you also wish to apply for permission on additional grounds and complete Part H as appropriate).			
	If you want to say more, please use another sheet of paper			

Form UT5 HESC (Care Standards and Primary Health Lists) (Jan 2010)

G	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 the First-tier Tribu	nal given you per	mission to appeal?	
	Yes		Your case is an appeal. Go straight to Part H on the next page	
	No		You are applying to the Upper Tribunal for permission to appeal.	
	Do you or your represe stage?	entative wish to h	ave an oral hearing before the Upper Tribunal at this	
	No			
	Yes		Please give your reasons why here	
	Would you like the hea	ring to be in priva	ate?	
	No			
	Yes		Please give your reasons why here	

Н	Application for permission to Appeal or Appeal to the Upper Tribunal
l apply for pe	ermission to appeal against the decision of the First-tier Tribunal
or / and	
I appeal agai (Delete as ap	nst the decision of the First-tier Tribunal. plicable)
before the Up	ny representative named in Part A above to act on my behalf in all proceedings oper Tribunal.* The proceedings of the procee
	Applicant's/Appellant's signature or signature of solicitor
	Date
After you have fi	lled in the form please send it to:
The Upper Tribu	ppeals Chamber
Tel: 020 7029 98	350
If the First-tier Ti	ribunal hearing was in Wales. or you live in Wales , you may send the form to

If the First-tier Tribunal hearing was in **Wales**, or you live in **Wales**, you may send the form to the London address or to:

Administrative Appeals Chamber of the Upper Tribunal,

Cardiff Civil Justice,

2 Park Street,

Cardiff,

CF10 1ET.

Tel: 029 2037 6488.

You MUST enclose the following documents with this form -

- a copy of the decision notice issued by the First-tier Tribunal, and,
- if separate, the written reasons for the Tribunal's decision,
- the letter from the First-tier Tribunal telling you that you have been granted or refused permission to appeal or that your application has not been admitted

If you do not send these documents your appeal may be delayed or not be admitted

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