



**UPPER TRIBUNAL  
ADMINISTRATIVE APPEALS CHAMBER**

**APPLICATION FOR PERMISSION TO APPEAL  
and NOTICE OF APPEAL  
From First-tier Tribunal  
CARE STANDARDS & PRIMARY HEALTH LISTS**

Office stamp  
(date received)

You **must** apply to the First-tier Tribunal 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 the First-tier 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 Type of Appeal**

Please specify, by ticking the appropriate box, which area your appeal relates to:

Care Standards

☐

Primary Health Lists

☐

**B About the Appellant**

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname, or name  
of organisation

Other names

Address

  

Postcode

  

Telephone number

Email address

Do you have a solicitor or other representative?

No

☐

Yes

☐

If yes please give your representative's details below

Name of  
representative

Status (solicitor, agent, friend etc.)

Organisation  
(if any)

Address

  
  

Postcode

  

Telephone number

Email address

Reference number  
(if any)

**C**

## About the Respondent

Please give details of the respondent below *(this will be the person or organisation who was the other party in the First-tier Tribunal)*

Name of respondent  
organisation or authority

Address

  
  
  

Postcode

  

Telephone

Email address

**Does the 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**

**About the First-tier Tribunal which decided your case**

Where was the Tribunal hearing?

What was the date of the Tribunal's decision?

What was the Tribunal's reference number?  
(This will be on all correspondence.)

Did the First-tier Tribunal suspend its decision?

No

☐

Yes

☐

Do you wish to apply to the Upper Tribunal for  
suspension?

No

☐

Yes

☐

If so please indicate in the box below and give your reasons why

## Reasons for any delay

Did the First-tier Tribunal refuse to admit your application because you were late?

10

10

Has more than one month passed since the First-tier Tribunal sent you notice of the grant or refusal of permission to appeal or notice that your application has not been admitted?

1

10

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 what **error of law** you consider the Tribunal has made and what result you are seeking.

(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*

**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 Tribunal given you permission 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 representative wish to have **an oral hearing** before the Upper Tribunal at this stage?

No

☐

Yes

☐

Please give your reasons why here

Would you like the hearing to be in private?

No

☐

Yes

☐

Please give your reasons why here

**I apply for permission to appeal** against the decision of the First-tier Tribunal

*or / and*

**I appeal** against the decision of the First-tier Tribunal.  
(Delete as applicable)

**I authorise** my representative named in **Part A** above 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)

Applicant's/Appellant's signature  
or signature of solicitor

Date

**After you have filled in the form please send it to:**

If the First-tier Tribunal hearing was in **England**:

The Upper Tribunal  
Administrative Appeals Chamber  
81 Chancery Lane,  
London,  
WC2A 1DD.

Tel: 020 7911 7085

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: 02920 376460.

**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.