

SECTION 2 – REPRESENTATION

If you have a representative to whom you would like us to send papers instead of to you, please provide the details below:

Title: Mr Mrs Miss Ms Other, please state:

Name:

Address:

..... Postcode:

Profession:

Where available, please give your representative's:

Telephone number: Fax number:

Email address:

SECTION 3 – NATURE OF APPEAL

Is your appeal in relation to:

Tick one box

- registration as a social worker?
- registration as a social care worker?

I wish to appeal against a decision to:

Tick one box

- (i) refuse my registration in the relevant part of the register
- (ii) remove me from a part of the register
- (iii) suspend me, or refuse to terminate my suspension, from a part of the register
- (iv) make my application for registration subject to conditions
- (v) remove, alter or restore my entry in a part of the register
- (vi) make my registration in a part of the register subject to conditions
- (vii) vary or revoke those conditions
- (viii) vary the duration of those conditions
- (ix) give me a warning
- (x) require me to complete an adaptation period or take and pass an aptitude test
- (xi)

SECTION 4 – NOTIFICATION TO YOU OF COUNCIL'S DECISION

FOR OFFICIAL USE ONLY

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NOTE: If you do not attend, the respondent may attend the hearing anyway.

2. Do you require the services of an interpreter or signer? Yes No

If yes, please specify:

.....

Do you have any particular access needs? Yes No

If yes, please specify:

.....

3. If you are able to, at this stage, please give:

(a) a provisional estimate of how long you think it will take to present your case:

.....

(b) the earliest date when you think your case will be ready for the hearing:

Day: Month: Year:

If you have completed all the sections relevant to your appeal you should now sign and date this form and return it immediately to the Secretary to the Care Tribunal at the address given at the bottom of this page.

Your signature:

(You must sign this form – your representative’s signature is not acceptable)

Date: Day: Month: Year:

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Please send your completed application form, with any supporting documents, to:

Secretary to the Care Tribunal
Tribunal Hearing Centre
2nd Floor
Royal Courts of Justice
Chichester Street
Belfast
BT1 3JF
Telephone: 02890 546182
Fax: 02890 724826

Further information about the appeals process can be found in the enclosed booklet “The Care Tribunal – A Guide to the Appeals Process and Procedures”.

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