CARE TRIBUNAL APPEAL APPLICATION

APPEALS UNDER SECTION 15 OF THE HEALTH AND PERSONAL SOCIAL SERVICES ACT (NORTHERN IRELAND) 2001 AGAINST A DECISION OF THE COUNCIL IN RESPECT OF REGISTRATION UNDER PART 1 OF THAT ACT

Complete this form if you want to appeal against a decision of the Northern Ireland Social Care Council in respect of registration.

NOTE: The Secretary to the Care Tribunal **must** receive this application **no later than 28 days** after the date of the letter giving you the Council's decision. Failure to meet this time limit could result in your application for appeal being struck out without a hearing.

- Tick the appropriate box or boxes and provide the relevant information in relation to your appeal.
- Use black ink, as the form will be photocopied.
- Use capital letters.

SECTION 1 – PERSONAL DETAILS

Please give these details about yourself:			
Title:	□ Mr □ Mrs □ Miss □ Ms □ Other, please state:		
Surname:	Former Surname:		
Forename(s):			
Date of Birth:	Day: Month: Year:		
Address:			
	Postcode:		
Where availab	le, please give your:		
Telephone number: Fax Number:			
Email address:			
NISCC Ref. N	o: Nat. Ins. No:		
If the address above is outside the United Kingdom, please give an address in the United Kingdom where we can write to you and send you documents about your appeal:			
Address:			
	Postcode:		
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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:	\Box Mr \Box Mrs \Box Miss \Box Ms \Box Other, please state:			
Name:				
Address:				
	Postcode:			
Profession	:			
Where available, please give your representative's:				
Telephone number: Fax number:				
Email add	Email address:			
SECTION 3 – NATURE OF APPEAL				
Is your appeal in relation to: Tick one box				
Is your ap	opeal in relation to:	Tick one box		
	opeal in relation to: stration as a social worker?	Tick one box		
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SECTION 4 – NOTIFICATION TO YOU OF COUNCIL'S DECISION

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appealing? (Please send a Day: NOTE: The Secretary to after the date of the letter could result in your applie	a copy of this letter.) Month: the Care Tribunal m giving you the Coun	ust receive t	Year: Year: A splication no later than 28	
NOTE: The Secretary to after the date of the letter could result in your applied	the Care Tribunal m giving you the Coun	cil's decisio	his application no later than 2 8	3 days
after the date of the letter could result in your applic	giving you the Coun	cil's decisio		3 days
		ig struck ou		
SECTION 5 – STATEM	IENT OF GROUNI	DS FOR TH	E APPEAL	
	amend your reasons		C is wrong. Give your reasons ate with permission from the Tr	
SECTION 6 OTHER				

- 1. Most appeals are considered at a hearing with both the applicant and the other party attending (an oral hearing). You can ask for consideration of your appeal on the written evidence alone (a paper hearing). However, the Chairman of the Care Tribunal has the power to direct an oral hearing where he thinks it appropriate. In considering whether to agree to a paper hearing he will ask the other party for their views.
 - (a) Do you want to apply your appeal determined on the written evidence alone?

OR	Yes No
(b) Will you attend the hearing to give evidence in person?	Yes No
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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
	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:
for	you have completed all the sections relevant to your appeal you should now sign and date this rm and return it immediately to the Secretary to the Care Tribunal at the address given at the ttom of this page.
	our signature: ou must sign this form – your representative's signature is not acceptable)
Da	te: 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".