

**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**

**FOR OFFICIAL USE ONLY**

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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 available, please give your:

Telephone number: ..... Fax Number: .....

Email address: .....

NISCC Ref. No: ..... 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: .....

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..... Postcode:

**SECTION 2 – REPRESENTATION**

**FOR OFFICIAL USE ONLY**

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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 registration in the relevant part of the register
- (ii) remove me from a part of the register
- (iii) suspend, or refuse to terminate my suspension, from a part of the register
- (iv) make my entry on the register subject to conditions
- (v) remove, alter or restore my entry in a part of the register?
- (vi) give a warning or advice

  
  
  
  
  

### SECTION 4 – NOTIFICATION TO YOU OF COUNCIL'S DECISION

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**FOR OFFICIAL USE ONLY**

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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? Yes  No

**OR**

(b) Will you attend the hearing to give evidence in person? Yes  No

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

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**FOR OFFICIAL USE ONLY**

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