

FORMAPPA2
APPEAL TO THE CARE TRIBUNAL

SCHEDULE 1: APPEAL UNDER ARTICLE 22 OF THE HEALTH AND PERSONAL SOCIAL SERVICES (QUALITY, IMPROVEMENT & REGULATION) (NORTHERN IRELAND) ORDER 2003 AGAINST A DECISION OF THE HEALTH & PERSONAL SOCIAL SERVICES REGULATION & IMPROVEMENT AUTHORITY

Please fill in this form if you want to appeal against a decision of the Regulation & Improvement Authority under the above legislation.

In all cases, the Tribunal **must** receive your application no more than **28 days** after service on you of the notice of the decision.

Please use black ink and capital letters in order that the application can be easily copied.

<p>Section 1 Please give these details about yourself:</p> <p>Your title <input type="checkbox"/>Mr <input type="checkbox"/>Mrs <input type="checkbox"/>Miss <input type="checkbox"/>Ms <input type="checkbox"/>Other please state:</p> <p>Your surname:</p> <p>Your first names:</p> <p>Your date of birth:</p> <p>Your address: (If you are a company your registered office) Postcode.....</p> <p>If you have any of the following:</p> <p>Your daytime telephone number:</p> <p>Your fax number:</p> <p>Your e-mail address:</p> <p>If the address above is outside Northern Ireland, please give an address in Northern Ireland or the United Kingdom to which documents concerning your application may be sent:</p> <p>Address:</p> <p>..... Postcode.....</p>
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Section 2

If you have a representative to whom the tribunal should send papers **instead of to you**, please give these details here:

Name:

Address: Postcode.....

Profession:

Daytime telephone number:.....

Fax number:

e-mail address:

Section 3

Are you appealing against

*Tick **one** box*

- 1 a refusal of registration?
OR
- 2 an imposition or variation of conditions of registration?
OR
- 3 a refusal to remove or vary any condition?
OR
- 4 cancellation of registration?

(if you are appealing an order made by a Justice of the Peace please use Form)

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Section 4

If your appeal is in respect of a cancellation of registration, does the establishment or agency in respect of which the appeal is made remain open?

Yes No

In the case of an establishment that is still open please provide us with the number of residents.

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Section 5

What was the date of the notice giving you the decision against which you are appealing?

.....

Please send a copy of that notice.

Your signature.....
(Your representative's signature in **not** acceptable.

Date.....

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

**Secretary to the Care Tribunal
Tribunals Hearing Centre
4th Floor
92 Ann Street
Belfast
BT1 3HH
email:
CareTribunal@courtsni.gov.uk**

For information about appeals, please telephone: 028 9032 7703