



## Application for Permission to Appeal to the Upper Tribunal

It is important that you read our guidance booklet, Permission to Appeal to Upper Tribunal (SENTW 20) before filling in this form.

We will need to copy this form so please use CAPITAL letters and BLACK ink.

**An application must be made so that it is received by the Tribunal no more than 28 calendar days from the date when the Tribunal sent its decision.**

Once you have received the decision from the Special Educational Needs Tribunal for Wales (SENTW) if you think it is wrong in law, you can appeal to the Administrative Appeals Chamber of the Upper Tribunal. To make an appeal to the Upper Tribunal you must first apply to SENTW for permission to appeal.

This document is also available in Welsh. Please contact the Tribunal for a Welsh version of this document.

### Section 1 – About the Applicant

Are you the parent or the person with parental responsibility?

Yes

No

If you are the parent or person with parental responsibility please state your relationship to the child:

OR

Are you a Local Authority or Responsible Body?

Yes

No

Name of the Local Authority or Responsible Body:

## Section 2 – Please provide your contact details

### Parent One:

Title  Surname:  First Names:

Address (including postcode):

Telephone: *Day*:  *Evening*:

*Mobile*:  Fax:

Email address:

### Parent Two:

Title  Surname:  First Names:

Address (including postcode):

Telephone: *Day*:  *Evening*:

*Mobile*:  Fax:

Email address:

### Local Authority/Responsible Body:

Name of Person handling the case:

Position:

Address (including postcode):

Telephone: *Day*:  *Evening*:

*Mobile*:  Fax:

Email address:

## Section 3 – Representative

If you have a representative please provide details

Title  Surname:  First Names:

Profession/Organisation, If any

Address (including postcode):

Telephone: *Day*:  *Evening*:

*Mobile*:  *Fax*:

Email address:

## Section 4 – Information about your Application

If you are a parent or person with parental responsibility

You need to tell us who should receive information about your application, please indicate who this should be by ticking **one** box below

**Important:** we can only send papers and documents to **one** of the people named on this form. If you do not say we will automatically send them to the first named parent/person with parental responsibility.

Parent one/ person with parental responsibility

Parent two

Representative

If you are a Local Authority or Responsible Body

You need to tell us who should receive information about your application, please indicate who this should be by ticking **one** box below

**Important:** we can only send papers and documents to **one** of the people named on this form. If you do not say we will automatically send them to the official handling the case.

Official Handling the case.

The Representative

## Section 5 – About the Decision

Appeal or Claim Number:

Name of Child:

Name of Local Authority or Responsible Body:

Date of hearing:

Date decision was sent to you by the Tribunal:

## Language Preference

### Please indicate your language preference:

SENTW welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

You may submit forms, documents, and make written representations to SENTW in Welsh or English

Do you want us to correspond with you in :

Welsh

English

Verbal communication:

Welsh

English

Do you wish to speak Welsh in any legal proceedings that may result from this application i.e. tribunal hearing or pre-trial review?

Yes

No

## Section 6 - Reasons for making your application

You should explain why you think that the Tribunal decision is wrong in law. You may want to refer to the guidance notes before completing this section.

If you need more space continue on a separate sheet of paper but make sure that it is securely attached to your application with the appeal / claim number clearly marked.

Continue on another sheet if needed, and ensure that this is secured to your application.  
Tick this box to show additional sheets:

## Section 7 – Results

What results are you looking for in making this application?

Continue on another sheet if needed, and ensure that this is secured to your application.  
Tick this box to show additional sheets:

## Section 8 – Signature

The appeal application must be signed by all persons identified above.

Signature of applicant(s):

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Name(s): (IN CAPITALS)

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Date:

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## Section 9 – Sending us the Application.

Once you have filled in the form, please make sure that you have made a copy of your Application and that you have signed it.

Please send the completed form and copies of all the relevant documents to us at:

**By post:**

SENTW  
Government Buildings  
Spa Road East  
Llandrindod Wells  
Powys  
LD1 5HA

**By Fax:** 0300 025 9801

**By email:** [sentw@wales.gsi.gov.uk](mailto:sentw@wales.gsi.gov.uk)

**Important:** forms received by email must contain the electronic signature of the person making the application.

If you need to contact us by telephone our number is: 0300 025 9800