



# Tribunals Service

## Special Educational Needs and Disability

Please use **black ink** and complete the form in **CAPITAL LETTERS**

### FORM C

#### APPLICATION TO SET ASIDE A FINAL DECISION

#### A About the applicant

*Please tick the appropriate box*

Is the applicant:-

a parent or the person with parental responsibility?

or a local authority or a responsible body?

**If the applicant is a parent/parents or person with parental responsibility  
please provide details:**

Parent one (or person with parental responsibility)

Mr, Mrs, Miss, Ms, Other	
Surname	
First Names	
Address	
Postcode	
Daytime Telephone Number	
Evening Telephone Number	
Mobile Number	
Fax Number	
Email Address	

If you are not a parent, please state your relationship to the child.	
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Parent two

Mr, Mrs, Miss, Ms, Other	
Surname	
First Names	
Address	
Postcode	
Daytime Telephone Number	
Evening Telephone Number	
Mobile Number	
Fax Number	
Email Address	
If you are not a parent, please state your relationship to the child.	

**If you have a representative please provide details:**

Mr, Mrs, Miss, Ms, Other	
Surname	
First Names	
Profession/Organisation –	
Is he/she a legal representative?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Address	

Postcode	
Daytime Telephone Number	
Fax Number	
Email Address	

**Who should receive information about the application?**

Parent one/person with parental responsibility

Parent two

Representative

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

**If the applicant is a local authority or responsible body please give details:**

Name of authority or responsible body	
Name of the person handling the case	
Position	
Address	
Postcode	
Daytime Telephone Number	
Fax Number	
Email Address	

**If you have a legal representative please provide details:**

Mr, Mrs, Miss, Ms, Other	
Surname	
First Names	
Address	
Postcode	
Daytime Telephone Number	
Fax Number	
Email address	

**Who should receive information about your application?**

The person handling the case

Your legal representative

**Important:** We can only send papers and documents to one of the people you have named on the form. If you do not say we will automatically send them to your legal representative if you have one

**B About the decision you are making the application about:**

Appeal or claim number	
Name of the child who was the subject of the appeal or claim	
Name of the local authority or responsible body who was a party to the appeal or claim	
Date of the hearing	
Date the decision was sent to you by the Tribunal	

**If you are asking the Tribunal to accept this application more than 28 days after the decision was sent to you what are the reasons for your delay in sending the application?**

- a document relating to the proceedings was not sent to, or was not received at an appropriate time by, me/us or my/our representative
- a document relating to the proceedings was not sent to the Tribunal at an appropriate time
- I/we, or my/our representative, was not present at a hearing related to the proceedings, or
- there has been some other procedural irregularity in the proceedings

**Please explain what happened and why it is in the interests of justice for the Tribunal to set aside its decision. If you are asking for it to set aside a part of its decision please identify which part of the decision that is.**

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 application/claim number clearly marked.

## D Application for the tribunal to set aside its decision

I apply for the Tribunal to set aside its decision/ a part of the decision\* identified in paragraph B above for the reasons given (\* delete as appropriate)

I authorise my representative to act on my behalf in all proceedings before the First-tier Tribunal (Delete if you have no representative or if you are a legal representative filling in this form on behalf of a client)

Signature of applicant(s) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

AFTER YOU HAVE COMPLETED THIS FORM, please send it with a copy of the decision you are asking the Tribunal to set aside and any other relevant documentation to:

### **By post:**

The First-tier Tribunal (HESC)  
Special Educational Needs and Disability  
FAO: D Charlton  
Mowden Hall  
Staindrop Road  
Darlington  
DL3 9BG

(It would be advisable to obtain proof of posting and to keep a copy of your application)

**By fax:** 01325 391080

**Please note that we cannot accept an application by email**