## **Notice of Appeal Form**

Official Use only	
Case Number	
Date received	

## Please include a copy of the Notice with your application

You must complete all questions marked with a \*

1	Company details					
1.1*	Company Name / Name of Appellant					
1.2*	Are you responding as:	An Individual □ Company □ Other □				
1.3*	Address (registered office if applicable)					
	Post code					
1.4*	Daytime phone number					
1.5	Mobile number (if different)					
1.6*	Email address					
	Is this the person/company which will deal with the claim? Yes   No   If no complete (2) below					
2	Contact details / name of representa	ative				
	If a named person or representative is to be served documents rather than the above company please detail this here					
	Please note that if an address is entered here it all communications will be sent to this address only.					
	Please note that if an address is enter	ed here it all communications will be sent to this address only.				
11.1	Please note that if an address is enter  Name of Representative	ed here it all communications will be sent to this address only.				
11.1 11.2		ed here it all communications will be sent to this address only.				
	Name of Representative	ed here it all communications will be sent to this address only.				
11.2	Name of Representative  Name of Organisation	ed here it all communications will be sent to this address only.				
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11.2	Name of Representative  Name of Organisation	ed here it all communications will be sent to this address only.				
11.2 11.3	Name of Representative  Name of Organisation  Address	ed here it all communications will be sent to this address only.				

3*	Details of Notice appealed against:
	Prohibition □ Improvement □
	Date of Notice Reference Number
4*	Location / Premises or place of activity to which the Notice refers:
5*	Name of Inspector as shown on the Notice
6*	Particulars of the requirements or directions appealed against
7*	Grounds for this appeal
	Please give full grounds of appeal in order to minimise further correspondence
	r lease give fail grounds or appear in order to minimise farther correspondence

## **Data Protection Law**

We will send a copy of this form to the Health and Safety Inspectorate. We will put the information you give us on this form onto a computer. This helps us to monitor progress and produce statistics for our annual report. If the claim proceeds to a full hearing, we are required to retain your documents for five years. If the claim is settled or withdrawn the documents will be destroyed after two years.

Please sign and date here:							
Signed:		Date:					

## Health and Safety Tribunal check list

Please check the following:

- 1. Read the form and make sure the information given is correct and truthful, and that you have not left out any information which you feel may be relevant to you or your client.
- 2. Keep a copy of your form for your own records.
- 3. Time limit for bringing an appeal
  - (1) The notice of appeal shall be sent to the secretary within 21 days of the date of service on the appellant of the notice appealed against.
  - (2) The Tribunal may extend the time mentioned above where it is satisfied, on an application made in writing to the secretary either before or after the expiration of that time that it is not or was not reasonably practicable for an appeal to be brought within that time.

Submit this form to: The Registrar, Tribunal Service, First Floor, International House, 41 The Parade, St Helier JE2 3QQ