

Appeal Form

Official Use only	
Case Number	
Date received	

Complete this form in conjunction with the Guidance Notes

You must complete all questions marked with a *

1 Charity Details

1.1 Name of Charity

1.2* Charity Registration Number

1.3* Is the Charity on the Restricted Register ☐ Yes ☐ No

1.4* Name of Applicant

1.5* Capacity of Applicant

1.6* Address

Post code

1.7* Daytime phone number

1.8 Mobile number (*if different*)

1.9* Email address

2* Type of Appeal (please tick whichever boxes apply)

Applicant

Registered Charity

**You must attach a copy of the Decision Letter
with this form**

Please tick the box to show that it is attached ☐ Date of Decision Notice

3* Details of Appeal

Please set out the background and details of your claim in the space below.
Please use an additional page if required.

4* Time limit for making an appeal

An applicant is required to lodge an appeal with the Tribunal within **28 calendar days** from the date of your Decision Letter. The Tribunal may accept a notice of appeal outside this time limit. For the Tribunal to do this, you should request an extension of time and provide reasons why it is late. The Tribunal will then consider whether to grant you the extension of time.

Please tick this box if you would like the Tribunal to consider an out of time appeal ☐

Please give reasons below:

5* Type of hearing

The Tribunal makes its decision after reading all the papers in a case. Please indicate by ticking the appropriate box whether you wish your case to be considered on the papers only or after a hearing where the parties put their arguments in person. Please see the explanatory notes before making your selection. This will be at the discretion of the Chair/Vice Chair.

Paper Decision ☐

Decision after hearing ☐

6* Supporting documents

Please list any documents that you wish the Tribunal to consider in support of your appeal.

Please attach the documents to the Appeal Form

7 Your representative

If someone has agreed to represent you, please fill in the following.

7.1 Name of Representative

7.2 Name of Organisation

7.3 Address

7.4 Phone number

7.5 Email address

7.6 Their reference for
correspondence

Does your Representative have
Professional Indemnity
Insurance?

☐ Yes ☐ No ☐ Don't know

8 Translator

Do you require a translator at a hearing? ☐ Yes ☐ No If yes, which language

9 Additional Requirements

Please let us know if you have any
specific requirements or assistance
needs

☐ Yes
☐ No

For example do you require
wheelchair access or the availability
of a hearing loop?

10 Additional Information

You can provide additional information about your claim in this section.

Data Protection Law

As a 'controller' under the Data Protection (Jersey) Law 2018 we process and hold your information in order to provide public services and meet our statutory obligations. We may not be able to provide you with a service unless we have enough information or your permission to use that information. Below, we explain what we collect; how we will use your information; and what your rights are.

On this form we have collected your personal details and we do this in order to carry out the service you have requested; to monitor and improve our performance; to ensure that we meet our legal obligations; to prevent and detect crime; to process financial transactions including grants or payment of benefits; to allow the statistical analysis of data so we can plan the provision of services; and where necessary, for our law enforcement functions; or to protect individuals from harm or injury.

We will endeavour to keep your information accurate and up to date and not keep it for longer than is necessary. Please see our published retention schedules for more detail about how long we retain your information. We will not pass any personal data on to anyone outside of the States of Jersey, other than those who either process information on our behalf, or because of a legal requirement, and we will only do so, where possible, after we have ensured that sufficient steps have been taken by the recipient to protect your personal data. We do not process your information overseas using web services that are hosted outside the European Economic Area. At no time will your information be passed to organisations for marketing or sales purposes or for any commercial use without your prior express consent.

You can ask us: to stop processing your information; to correct or amend your information; for a copy of the information we hold about you. You can also: request that the processing of your personal data is restricted; and withdraw your consent to the processing of your information.

You can complain to us about the way your information is being used by contacting us at dpu@gov.je alternatively you can complain to the Information Commissioner by emailing enquiries@jerseyoic.org.

For our full Privacy Notice please go to our website: www.courts.je

Please sign and date here:

Signed:

Date:

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. Do not attach a covering letter to your form. If you have any further relevant information please enter it in the 'Additional Information' space provided in the form.
3. Keep a copy of your form for your own records.
4. Submit this form to: **The Registrar, Charity Tribunal, First Floor, International House, 41 The Parade, St Helier JE2 3QQ** Tel: 01534 441380 Email: registrartribunalservice@courts.je.