SENIF Panel Appeal Form – CONFIDENTIAL

An appeal concerning a child’s SENIF panel outcome can be brought by the setting who has made the application.

Referrers MUST refer to the SENIF Panel’s Terms of Reference to decide if a appeal is neccesery based on these terms.

Referrers must send the appeal to the Panel no later than **2 months** from the date of the Panel’s decision letter. The appeal will be considered by the panel chair and a response will be provided to the referrer within 5 working days of receipt of your appeal.

This form will provide all the information the panel requires to register an appeal. Please complete the form below and email completed form to [EYSEND.Panel@walthamforest.gov.uk](mailto:EYSEND.Panel@walthamforest.gov.uk)

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| **Section 1** | **Settings and Child’s Information** | |
| **Name of childcare provider and OFSTED registration** | |  |
| **Referrers name and job role** | |  |
| **Telephone number** | |  |
| **Email address** | |  |

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| --- | --- | --- | --- |
| **Child’s Full Name** |  | **Gender** |  |
| **Date of birth** |  | **Age in months** |  |

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| **Section 2** | **Reasoning for the appeal** | |
| **I am requesting the panel to reconsider the decision on the following issues:** | | |
| I/We disagree with the amount of additional funded hours approved | |  |
| I/We disagree with the panel decision to refuse the application | |  |

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| **Please state your rationale for the appeal stating the evidence this is based on (e.g. professional reports):**  *Any supporting evidence should be submitted with the appeal document.* |
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| **Section 3** | **Signature** | | | | | |
| **Referrer Signature** | |  | **Name *(please print):*** |  | **Date** |  |