

EMPLOYMENT AND SUPPORT ALLOWANCE GOOD REASONS APPEAL

NAME:
Name of Appointee:
ADDRESS:

Date of Birth:
National Insurance No:

APPEALS Send to:
HMCTS SSCS Appeals Centre
PO Box 27080
GLASGOW
G2 9HQ

Dear Sir/Madam

Please accept this as an appeal against your **ESA DECISION (dated):** _____

My grounds of appeal are that I have good reasons for:

- Not returning the ESA50 form or providing further information
- Not attending/taking part in the face to face assessment
- Not attending/taking part in work or training place/scheme (*please tick)

Additional reasons (please see over)

- I have enclosed my mandatory reconsideration notice**

In addition, I submit that the decision maker has failed to follow the correct notification/revision/supersession procedures in their decision.

SPECIAL REASONS FOR LATE APPEAL (see over)

My representatives are: **Welfare Rights Section, Glasgow City Health and Social Care Partnership, City Chambers East, 40 John Street, Glasgow, G1 1JL**. I authorise my representatives to act on my behalf. Please ensure that they receive copies of all further correspondence and a copy of the appeal papers.

I do not consent to my appeal being heard without an oral hearing. I do not consent to less than the full advance notice stated in rule 29(2) of the Tribunal Procedure Rules 2008. Should you decide to schedule my appeal in a manner contrary to these instructions then please contact my representatives to ensure that my right to a fair hearing under Article 6 of the ECHR remains protected.

Yours faithfully

I require an interpreter (Language): _____ Dialect: _____

Signature: _____ Date: _____