

# Notice of Appeal Against a Social Welfare Decision



You can use this form if you don't agree with a decision made by the Department of Social Protection and you want the decision to be checked again. This is called making an appeal.

The Social Welfare Appeals Office is responsible for checking if a decision made on social welfare entitlements was correct.

You will need to give us some personal information to allow us to make a decision about your appeal. This personal information may be shared with other Government Departments or Agencies for the purpose of processing your appeal. Our data protection policy is available at [www.gov.ie/swao](http://www.gov.ie/swao).

**It is important that we make the right decision on your appeal. To help us do that, this form asks you to tell us the reasons why you think the decision of the Department is wrong and give us any new information that you did not send to the Department with your application.**

Please put ALL the information you want the Appeals Officer to consider in this form.

## How to fill in this form

### Online and email

If you are completing the form online, type in the spaces provided. When done click the email button below and attach any documents to your email. Email to: [swappeals@welfare.ie](mailto:swappeals@welfare.ie).

### Print and post

- Write clearly using black ink pen.
- Where there are boxes put one letter or number in a box.
- When the form is completed, sign the declaration.

Send the completed form, a copy of the decision you are appealing and, any documents to support your appeal by post to this address:

Social Welfare Appeals Office, D'Olier House, D'Olier Street, Dublin 2. D02XY31.

**When you have finished the form please look at the checklist on page 9 and make sure that you have completed all steps. You can then save the form for later, email the form, print the form for posting, or clear the form.**

If you need this application form in an alternative format, for example in Irish or in large print, or for any further enquiries please call the Social Welfare Appeals Office on 0818 747434.

For further information on how to appeal a decision and how an appeal works visit [www.gov.ie/swao](http://www.gov.ie/swao).

## Part 1: Statement by person appealing

This is my notice of appeal against the Deciding Officer's or Designated Person's decision from the Department of Social Protection by letter dated  
on my claim for :

(enter payment name, e.g. Disability Allowance)

**I declare that the information given by me on this form is truthful and complete.**

I have attached a copy of the decision with my appeal.

Signature:

Name:

Date:

## Part 2: About you

PPS Number:

Title: (insert an 'X' or specify the title you use)

Mr. ☐

Mrs. ☐

Ms. ☐

Other

First name:

Surname:

Date of birth  
(DD/MM/YYYY):

Address:

Post code/Eircode

Phone number:

Email address:

How do you want us to contact you? Check all boxes that apply.

By email

By letter

By telephone

By video call

Through my representative  
(see Part 3)

## Part 3: About your representative (optional)

If you want you can have someone act on your behalf for your appeal. This person is called a representative.

Your representative could be from an organisation like the Citizens Information Service, a welfare rights service or it could be a friend or family member.

Using a representative on your appeal does not stop you from asking questions yourself.

If you do not have a representative now and you decide you want one later on you can send us the details below in writing and signed by you so we know that you agree to the person representing you.

If you no longer require a representative or want a different person as your representative you must tell us as soon as you can.

Name of representative:

Name of organisation (if applicable):

### **Contact details for your representative:**

Address:

Phone number:

Mobile phone number:

Email address:

Sign or type your name here to confirm you are authorising this representative to act on your behalf.

## Part 4: Time limits for appealing

The law says that a request for an appeal against a decision must be received within 21 days from the date the decision was made. If your appeal is late or will be late when we receive it you must tell us the reasons in the space below why your appeal is late. We will then consider if the appeal can be accepted.

Date on decision letter:

Is your appeal more than 21 days after the decision date?

No - Go to Part 5

Yes - Write below the reasons why your appeal is late

More space is provided at the end of this form if you need it.

## Part 5: Your grounds or reasons for making an appeal

**You must complete this section or your appeal may not be accepted.**

Please write down the reasons why you disagree with the decision you are appealing against. More space is provided at the end of this form if you need it.

## Part 6: List of documents providing support for your appeal

Please list below the documents you are sending with this form to support your reasons for your appeal. Please send us copies. Originals should be kept by you.

For example list any of the following you are including:

- Decision letter.
- Specialist reports, for example, from a consultant in medicine or a therapist.
- Reports, for example, from a doctor or a school.
- Financial information, for example, from an accountant or a bank.
- Letters.





## **Checklist: Please make sure that you have done the following:**

**I have included a copy of the decision letter with the decision I am appealing.**

**I have given grounds for my appeal.**

**I have completed the list of documentation supporting my appeal and attached the documents.**

**I have signed my appeal declaration.**

**If you do not complete all of the parts your appeal notice may be returned to you.**

If you have filled in the form online pick one of the following options: