



**Section 3**

**Reason for the appeal**

**1** Please provide the name of the Complaints Officer and the date of his or her report which you are appealing against. An appeal can only be made to the Disability Appeals Officer after a complaint has been made to the HSE and you have received a report or decision of a Complaints Officer in relation to such a complaint.

**Name of Complaints officer**

Name

Date

 /  / 

**2** Are you **appealing against** one or more of the following **findings** which may have been made by the Complaints Officer?

- a finding that your complaint was not well founded, whether in part or in whole.  **Yes**  **No**
- any finding that the HSE failed to commence an assessment within three months of the receipt of your assessment application or that the HSE failed to complete the assessment without undue delay.  **Yes**  **No**
- any finding that the child the subject of your appeal may have a disability.  **Yes**  **No**
- any finding that the HSE failed to carry out an assessment in conformity with the standards referred to in section 10 of the Disability Act.  **Yes**  **No**
- any finding that the contents of the service statement in respect of the child the subject of this appeal are inaccurate or incorrect.  **Yes**  **No**
- any finding that the HSE or an education service provider failed to provide or to fully provide a service specified in a relevant service statement  **Yes**  **No**

**3** Do you wish to appeal against the non-implementation of a recommendation of a Complaints Officer?

 **Yes**  **No**

I Attach  A copy of the report of the complaints office

Other Documents (Please list)

**Section 4**

**Declaration**

**Declaration:**

**To the best of my knowledge and belief, the contents of this application are true and accurate**

Your signature or mark

Date

 /  / 

If you cannot sign, make your mark and have it witnessed. The witness should sign below.

Signature of witness

Date

 /  / 

Address of witness

**Consent for access to personal records and to process personal data**

In order to deal with your appeal, the Appeals Officer will need to make use of personal data and confidential information concerning the child who is the subject of this appeal ("the applicant"). It may also be necessary to obtain access to personal records and data held by third parties such as the Health Service Executive, a health service provider or an education service provider.

You are accordingly asked to sign and date this section of the application to provide your consent on behalf of the applicant to the Appeals Officer:

- obtaining personal information and records held by any third parties concerning the applicant for the purposes of the assessment, investigation or determination of this appeal including any such information and records as may be held by the Health Service Executive, a health service provider or an education service provider;
- using any personal data and confidential information contained in this application form, any documents attached to it and any other documents subsequently obtained in connection with the assessment, investigation and determination of this appeal or otherwise in the exercise of the Appeals Officer's functions.

The Appeals Officer will treat all personal data, information and records as confidential and will only circulate or disclose such material to the other parties involved in the appeal process, such as the Health Service Executive and any education service provider concerned, and only to the extent that this is considered necessary. Such personal data and records as we may obtain will be subject to our responsibilities under the Data Protection Acts and the Freedom of Information Acts. Please note that you have a right under the Data Protection Acts to access certain personal data that we hold about you and to have inaccuracies in your data corrected.

Your signature or mark  Date   /   /

If you cannot sign, make your mark and have it witnessed. The witness should sign below.

**The child's (the applicant's) name:**

Surname

First Name(s) <sup>(1)</sup>  <sup>(2)</sup>

Your relationship to the child (the applicant) (\*)

Parent or relative  Legal representative   
 Guardian or person in loco parentis  Personal advocate assigned by Citizens Information Board

\* **Please note that this consent is required to be provided by a parent, guardian, grandparent, uncle, aunt, brother or sister of the Applicant pursuant to the Data Protection Acts 1988, 2003 and 2018**

Signature of witness  Date   /   /

Address of witness

**SEND THIS COMPLETED APPLICATION FORM TO:**

**Office of the Disability Appeals Officer  
 FREEPOST  
 Block 1,  
 Miesian Plaza,  
 50-58 Lower Baggot Street,  
 Dublin 2, D02 XW14.**

**For official use only**

You do not need to put a stamp on the envelope because you are sending it FREEPOST.

## Office of the Disability Appeals Officer Oifig an Oifigigh Achomhairc um Míchumas

Office of the Disability Appeals Officer  
Block 1  
Miesian Plaza  
50-58 Lower Baggot Street  
Dublin 2  
D02 XW14

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