APPEAL FORM

- Please complete Sections A, B and C
- Any relevant documents you wish to have considered in your appeal should be enclosed with this form

SECTION A - PERSONAL DETAILS

Please use BLOCK CAPITALS

Name ______________________________________________________________
Address  ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________
Telephone  ___________________  Mobile ______________________________

OFFICE USE ONLY

From: Local Office ___________________     Re:  _____________________________ (Appellant)
PPS Number

Date Appeal Received: __________________ Receiving Officer: __________________________

www.socialwelfareappeals.ie       e-mail: swappeals@welfare.ie       fax: (01) 671 8391

SWAO1 (Continued overleaf)
I hereby give notice of appeal against the Deciding Officer’s / Designated Person’s decision of __________ 20___ regarding my _______________________ claim.

My grounds of appeal are set out in Section C below.

Signed: __________________________

Date: ____________________ 20_____

N.B. Please enclose a copy of the letter from the Deciding Officer / Designated Person which informed you of the decision you wish to appeal.

Please set down all details you wish to have considered. If necessary, you may use a separate sheet(s) of paper.

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The Social Welfare Appeals Office operates independently from the Department of Employment Affairs and Social Protection and is responsible for determining appeals against decisions in relation to certain social welfare entitlements. Customers are required to provide personal data in order to process their appeal. It may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.socialwelfareappeals.ie or in hard copy.