



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 _____ Email _____

PPS Number																			
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OFFICE USE ONLY

From: Local Office _____ Re: _____ (Appellant)

PPS Number																			
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Date Appeal Received: _____ Receiving Officer: _____

OIFIG ACHOMHAIRC LEASA SHÓISIALAIGH
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TELEPHONE: 0818 74 74 34

e-mail: swappeals@welfare.ie

SECTION B - NOTICE OF APPEAL

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.

SECTION C - GROUNDS OF APPEAL

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

The Social Welfare Appeals Office operates independently of the Department of 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.