



An Binse um Achomhairc i dtaobh Cosaint Idirnáisiúnta

*The International Protection Appeals Tribunal*

## **International Protection Act 2015**

### **Schedule 2 Inadmissible Applications**

Appeal against a recommendation under section 21(3).  
(Recommendation that an application is inadmissible)

*Note: If necessary you may attach additional pages to this form if required.  
Each additional page should be signed by you at the bottom.*

**Part 1: Applicant's Details**

[1.1] Personal Reference Number (e.g. 123456-16): \_\_\_\_\_

[1.2] Full Name: \_\_\_\_\_

[1.3] Any other Names used: \_\_\_\_\_

[1.4] Date of Birth: \_\_\_\_\_

[1.5] Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[1.6] Telephone Number (if any): \_\_\_\_\_

[1.7] Nationality: \_\_\_\_\_

[1.8] Details of any dependants included in your appeal:

| Name | Date of Birth | Male or Female | Relationship to Applicant | Personal Ref. No. |
|------|---------------|----------------|---------------------------|-------------------|
|      |               |                |                           |                   |
|      |               |                |                           |                   |
|      |               |                |                           |                   |
|      |               |                |                           |                   |
|      |               |                |                           |                   |

[1.9] Details of any other family members in the State:

| Name | Date of Birth | Male or Female | Relationship to Applicant | Personal Ref. No. |
|------|---------------|----------------|---------------------------|-------------------|
|      |               |                |                           |                   |
|      |               |                |                           |                   |
|      |               |                |                           |                   |
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**Part 2: Applicants under 18 and in the care of Tusla – The Child and Family Agency (if applicable)**

[2.1] Name and address of Tusla – The Child and Family Agency representative:

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[2.2] If you are in the care of a person other than a parent or the Tusla – The Child and Family Agency, please insert here the name and address of that person.

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**Part 3: Legal Representation (if applicable)**

[3.1] Do you have legal representation?

Yes: ☐ No: ☐ (tick as appropriate).

[3.2] Name and Address of your legal representative:

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[3.3] Telephone number: \_\_\_\_\_

[3.4] Email address: \_\_\_\_\_

**Note:** *If you instruct a legal representative at a later stage of your appeal you should inform the Tribunal of this immediately and provide the Tribunal with the relevant details.*

*If you have a legal representative all correspondence in relation to your appeal will be sent to them unless the International Protection Act 2015 requires it to be sent directly to you.*

#### **Part 4: Grounds of Appeal**

[4.1] Ground 1:

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[4.2] Ground 2:

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[4.3] Ground 3:

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*Note: Please state clearly and concisely the grounds on which you are seeking to appeal the recommendation of the International Protection Officer.*

*Your appeal will be determined without an oral hearing. Therefore, it is important to include all the grounds of appeal you wish the Tribunal to consider here.*

- If you require more space, additional grounds should be set out on a separate sheet or sheets.

#### **Part 5: New Documentation to be considered in your appeal**

- Please list below all documents that accompanied the notification of recommendation issued to you by the International Protection Office/Minister.

[5.1] Document 1:

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[5.2] Document 2:

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[5.3] Document 3:

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**Note:** Please list here all documents and/or records on which you propose to rely for the purposes of your appeal. These documents must accompany this form. There is no need to list the documents you have already received from the International Protection Office as the Tribunal will already have a copy of them. Your appeal will be determined without an oral hearing. Therefore, it is important to include all new documents you wish the Tribunal to consider here.

- *If you require more space, documentation should be listed on a separate Sheet(s).*

**Part 6: Request for Extension of Time (if applicable)**

[6.1] Please set out the reasons why you were unable to lodge this appeal on time.

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*Note: If you are submitting this appeal outside of the time limits set out in the International Protection Act 2015 (Procedures and Periods for Appeals) Regulations 2017 you must apply for an extension of time within which to lodge your appeal.*

- If you require more space, additional reasons should be listed on a separate sheet or sheets.

**Part 7: Authorisation and Confirmation of Applicant**

[7.1] I confirm that the answers set out in this form are true and correct.

Signed: \_\_\_\_\_ Applicant

Date: \_\_\_\_

[7.2] I authorise my legal representative to act on my behalf in respect of all matters with the Tribunal and to receive all correspondence and documents relating to my appeal.

Signed: \_\_\_\_\_ Applicant

Date: \_\_\_\_

[7.3] I consent to the International Protection Appeals Tribunal emailing official communications in relation to my appeal to my email address, provided below:

Email address for electronic service and communication: \_\_\_\_\_

I understand it is my duty to inform the Tribunal if this email address changes.

I understand that official communications will include notifications and decisions and it is my responsibility to take any required action in response.

I understand that these communications may be signed with an electronic signature.

I understand that, where the Minister or International Protection Appeals Tribunal deems it necessary, notifications and decisions taken during the course of my appeal may be provided in electronic form to the legal representative whom I have authorised to act on my behalf.

I understand I am not obliged to receive communications electronically and that I may withdraw my consent at any time by contacting [info@protectionappeals.ie](mailto:info@protectionappeals.ie).

Yes      No      (tick as appropriate)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Note: This part must be signed by the applicant.*

*Where the applicant is a minor it should be signed on their behalf by a parent/guardian.*

**Information note:**

- An appeal to the International Protection Appeals Tribunal under the above provisions must be brought by notice in writing within 10 days from the date of the sending to you of the notification of the recommendation of the International Protection Officer.
- Under section 21(7) of the International Protection Act 2015, the Tribunal shall make its decision without an oral hearing.
- You must complete all sections of the attached form and you must sign and date the form at part 7.
- Correspondence relating to your appeal will be sent to your legal representative unless the International Protection Act requires it to be sent directly to you.
- Your application must specify the grounds upon which your appeal is to be based as provided for in section 21(7) of the International Protection Act 2015.
- Any additional information on which you intend to rely must be submitted with your application.
- All documentation you submit should be originals.
- You may withdraw your appeal at any time before the making of a decision by the Tribunal by sending a notice of withdrawal to the Tribunal.
- Your application for appeal may be deemed withdrawn where you are deemed to have failed in your duty to cooperate as provided for in section 45 of the International Protection Act 2015.