

Declaration of capacity application form

It is important that you read our guidance booklet *Children who lack capacity, and case friends (ETW9)* before filling in this form.

Please write clearly in **BLACK** ink.

If you need help to fill in the form, contact our helpline on **0300 025 9800**.

This document is also available in Welsh. Please contact the Tribunal for a Welsh version of this document.

ETW welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English. You may submit forms, documents, and make written representations to ETW in Welsh or English.

Section 1 – Information about the child

All references made in this form to the “child” means the child whom the application is about. This application is about the following child:

First Names:

Surname:

Date of Birth:

Gender:

The child attends the following school:

Name of school:

Address (including postcode):

The school’s relevant local authority:

Please tick this box if the school's governing body has issued a decision about the child's capacity

Please tick this box if the local authority has issued a decision about the child's capacity

If the school's governing body or the local authority have already issued a decision about the child's capacity, you **must** submit the decisions with your application.

Section 2 – Information about the person applying for a declaration of capacity

Title

First Names:

Surname:

What is your relationship to the child?

Email address:

To save costs and deal with your application as quickly as possible we would like to e-mail you. If you agree for us to use e-mail please tick this box:

Address (including postcode):

Telephone

day:

evening:

mobile:

Language Preference

ETW welcomes receiving correspondence and phone calls in Welsh or English. You may also submit forms, documents, and make written representations to ETW in Welsh or English.

Corresponding in either language will not lead to a delay in our response. Please let us know which language you would prefer below.

Written communication :

Welsh

English

Verbal communication:

Welsh

English

Do you wish to speak Welsh in any legal proceedings that may result from this application i.e. tribunal hearing or pre-trial review?

Yes No

Section 3 – Information about persons who have or share parental responsibility for the child

You **must** tell us the names and addresses of **all** persons and organisations who have or share parental responsibility for the child, or have care of the child. If you cannot provide this information, you **must** explain why.

Parent one

Only complete details for “Parent one” if the information is different to the person making the application named in Section 2 above.

Title Surname: First Names:

Relationship to child – (for example, parent, guardian, foster parent or other person with parental responsibility)

Address (including postcode):

Telephone day: evening:

mobile:

Email address:

If you cannot provide parent one’s contact information, please explain why.

Parent Two

Title **Surname:** **First Names:**

Relationship to child – (for example, parent, guardian, foster parent or other person with parental responsibility)

Address (including postcode):

Telephone day: evening:

mobile:

Email address:

If you cannot provide parent two's contact information, please explain why.

Other persons or organisations with parental responsibility

Does any other person or organisation share parental responsibility for the child?

Yes

No

If so please give the name and address of each person or organisation:

If you cannot provide this information, please explain why.

Section 4 – Supporting evidence of the child’s capacity

Please choose which declaration you are asking the Tribunal to make:

The child has capacity **The child does not have capacity**

Please explain why you are seeking a declaration of capacity here, and continue on a separate sheet if necessary:

You must submit supporting evidence of the child’s capacity or lack of capacity with your application. Please send copies of original documents along with your application.

You may explain the reason for submitting each piece of evidence here, and continue on a separate sheet if necessary:

Section 5 – Your signature

The application application must be signed by you (that is, the person making the application)

Signed:

Name

(IN CAPITALS):

Date:

Important: Applications must contain an electronic signature if not signed by hand. If submitting by email, please add an electronic signature, or print and sign the application before you scan and send.

Sending us the Application

Once you have filled in the form, please make sure that you have made a copy of your application and that you have signed it.

Please send the application and copies of all the relevant documents to us at:

educationtribunal@gov.wales

OR

tribunal.enquiries@gov.wales

OR

**Welsh Tribunals Unit
PO Box 100
Llandrindod Wells
LD1 9BW**

Please call us on 0300 025 9800 if you need any assistance.

Checklist

Please remember to send us the following when you send in your application.

1. Evidence of the child's lack of capacity, or the reference of a Declaration of Capacity issued by the Tribunal.
2. Evidence to support your suitability to act as case friend.
3. A recent enhanced disclosure certificate issued by the Disclosure and Barring Service (if you are not a close family member, as noted in the list above).