

**Tribiwnlys
Addysg Cymru**



**Education Tribunal
for Wales**

Case friend 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.

This form must be signed by the person wishing to act as case friend to a child who lacks capacity. 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:

You must provide evidence of the child's lack of capacity with this application. This will usually be a letter or report by a professional involved in the child's education or health care. It must contain an opinion about the child's capacity to understand information about the ALN system.

If the Tribunal has already issued a declaration of capacity for the child, please provide the reference number here:

Section 2 – Information about the person applying to act as case friend

Title:

First Names:

First Names:

What is your relationship to the child?

If you are **NOT** one of the following family members of the child, you **MUST** provide an enhanced disclosure certificate issued by the Disclosure and Barring Service with your application:

- parent or step-parent
- brother, step-brother or half-brother
- sister, step-sister, or half-sister
- grandparent
- uncle, aunt, nephew or niece.

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**

If we can help by translating our letters to you into another language, or into Braille, or if you have any other requirements, we will do our best to meet your needs (free of charge). This may mean that your application takes us longer to prepare. Please tell us what you need.

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

Please 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.

You **must** confirm their views on your application to become the child's case friend. If you are unable to establish their views, 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:

What are their views on your application to be the child's case friend? If you cannot establish their views, 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:

What are their views on your application to be the child's case friend? If you cannot establish their views, 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:

What are their views on your application to be the child's case friend? If you cannot establish their views, please explain why.

Section 4 – Evidence of your suitability to act as case friend

You must submit evidence that supports your suitability to act as the child's case friend. The evidence you submit is entirely up to you.

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

Section 5 – Declaration of suitability

- In signing this form, I confirm that I will:
 - act fairly and competently;
 - have no interest opposed to that of the child I am case friend to;
 - ensure that all steps and decisions I take are for the benefit of the child; and
 - take account of the child's views, so far as possible.
- I have provided every parent's view as to my intention to be the child's case friend, or have submitted reasons why I have not provided every parent's opinion, with this application form.
- In signing this form, I confirm that I will serve a copy of my application form on:
 - the child's parents;
 - the child's school and local authority; and
 - any parties to Tribunal proceedings that are already underway.
- If I am not a family member listed above, in signing this form, I confirm that I am not barred from regulated activity related to children (as defined by the Safeguarding Vulnerable Groups Act 2006), and I have submitted a recent enhanced disclosure certificate issued by the Disclosure and Barring Service to prove this.

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).