

**Tribiwnlys
Addysg Cymru**



**Education Tribunal
for Wales**

Attendance form for applicants

It is important that you read our guidance booklet ***Attendance form guidance for applicants (ETW14)*** 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 – Case details

| | |
|--|--|
| Case reference number: | |
| Child or young person's name: | |
| Name of local authority, FEI or responsible body: | |

Section 2 – Child or young person

All references made in this form to **the child or young person**, mean the child or young person whom the appeal is about.

Is the child or young person attending the hearing?

Yes

No

Do they wish to speak in Welsh or English?

Welsh

English

Does the child or young person have any communication or access requirements or preferences?
If so, please explain here:

Section 3 – Parents

Any reference to a parent refers to a person who has parental responsibility or care of the child, within the definitions of the Education Act 1996 and the Children’s Act 1989.

You only need to include the details of parents that are attending the hearing.

Name of parent:

Further info:

Email address:

Do they wish to speak in Welsh or English?

Welsh English

Name of parent:

Further info:

Email address:

Do they wish to speak in Welsh or English?

Welsh English

Section 4 – Representative, or person helping you

If you are being represented at the hearing, or someone is helping you present your case, please give details:

Name of representative:

Profession:

Email address:

Address (including postcode):

Telephone:

Mobile:

The person will be my:

Representative

Helper

Are they legally qualified:

Yes

No

Do they wish to speak in Welsh or English?

Welsh

English

Section 5 – Advocate

Advocates may attend to support children, young people, parents, case friends, or representatives of people who lack capacity. They may also attend to communicate the views and wishes of the child or young person.

Name of advocate:

Organisation:

Email address:

Address (including postcode):

Telephone:

Mobile:

Who is the advocate supporting?

Does the advocate wish to speak in Welsh or English?

Welsh

English

Name of advocate:

Organisation:

Email address:

Address (including postcode):

Telephone:

Mobile:

Who is the advocate supporting?

Does the advocate wish to speak in Welsh or English?

Welsh

English

Section 6 – Witnesses

Please give the names and addresses of the witnesses you want to bring to the hearing.

If you want to ask for permission for more than **two** witnesses to come to the hearing, you will need to write to us separately, giving your reasons in full.

Name of witness 1:

Profession:

Email address:

Address (including postcode):

Telephone:

Mobile:

Does they wish to speak in Welsh or English?

Welsh

English

Name of witness 2:

Profession:

Email address:

Address (including postcode):

Telephone:

Mobile:

Does they wish to speak in Welsh or English?

Welsh

English

Section 7 – Observer

If you would like someone to come to the hearing who has not been named as a witness and who will not take part in the hearing, please give details. You can name **one** person.

Name of observer:

Profession:

Email address:

Address (including postcode):

Telephone:

Mobile:

Section 8 – Interpreter or signer

If you need us to arrange for an interpreter or signer, please tick this box.

Please give more detail, including which language you need:

Section 9 – Other Needs

If you or anyone you are bringing to the hearing has a disability, or has any other needs that may affect our arrangement of the hearing, please let us know

Please give **name** and any special requirements:

Please give **name** and any special requirements:

Section 10 – Result of the appeal or claim

If you would like the Tribunal to provide a translated decision or a copy in Braille, please set out your request in the box below. If you ask for the decision to be in any format other than Welsh or English, this is likely to delay issuing the decision.

Section 11 – Your signature

Signed:

Name

(IN CAPITALS):

Date:

- Please make sure that you return this form by the date we have asked you to return it.
- Forms received by email must contain the electronic signature of the parent making the appeal/claim or, if permission is given, their representative. In the case of a child making the appeal/claim, the email must contain the electronic signature of the child or their case friend.
- A person named as a witness on your attendance form may be changed by sending written notification of the change to ETW and the other party so that it is received no later than 5 working days before the hearing.
- Any application to change a witness made less than 5 working days before the hearing must be determined by the President or tribunal panel.

If you need to contact us by telephone our number is: 0300 025 9800

Sending us the Appeal Application

educationtribunal@gov.wales

OR

Welsh Tribunals Unit
PO Box 100
Llandrindod Wells
LD1 9BW