

**Tribiwnlys  
Addysg Cymru**



**Education Tribunal  
for Wales**

## Claim Application

It is important that you read our guidance booklet, **Claim guidance (ETW6)** before filling in this form.

Please write clearly in **BLACK** ink.

If you do not have a representative or another person to help you 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 or young person

This claim is about the following child or young person:

**First Names:**

**Surname:**

**Date of birth:**

**Gender:**

Are they disabled?

**Yes**

**No**

**If 'yes' in what way?** If you have evidence of a medical or professional diagnosis relating to the pupil's disability, please submit a copy with your application.

Please detail any **communication requirements or preferences** of the child or young person:

All references made in this form to the child or young person, means the child or young person or whom the claim is about.

**Section 2 – Information about the person making the claim**

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

**Address** (including postcode):

**Telephone** day:  evening:

mobile:

**Email address:**

Please explain how you are entitled to make this claim. For example, say if you are:

- a) **The child or young person**, exercising their right to make their own application, **or**
- b) **The child’s parent**, exercising the parental right to make an application (you should also say if you are a guardian, foster parent or other person with parental responsibility), **or**
- c) **A representative or case friend**, exercising the right of a child, child’s parent, or young person who does not have capacity. Please provide evidence of your appointment as representative or case friend with your application.

## 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.

You **must** also confirm that you have notified **all** persons and organisations who have or share parental responsibility for the child, or have care of the child, that you are making an application. If you are unable to do this, you **must** explain why.

### Parent one

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:**

**Have you told this person that you plan to submit an application?**

**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:

**Have you told this person that you plan to submit an application?**

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**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:

**Have you notified them that you are submitting an application?** (Please refer to each one separately)

**Reasons**

**If you cannot confirm the contact details of all persons or organisations who have parental or care responsibilities for the child, or are unable to tell all persons or organisations that you are making an application, please explain why here:**

(Please refer to each one separately)

## Section 4 – Information about any representative appointed by the person making the application

You do not have to have a representative, but if you do, please provide their details below:

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

**Organisation** (if any)

**Address** (including postcode):

**Telephone** day:  evening:

mobile:

**Email address:**

Is your representative legally qualified?      **Yes**  **No**

## Section 5 – Information about any case friend appointed to the child

If the child has a case friend, please provide their contact details here:

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

**Address** (including postcode):

**Telephone** day:  evening:

mobile:

**Email address:**

## Section 6 – Receiving information about the claim

We can only send papers and documents to **one** of the people named on this form. Please choose one of the following options:

**The person making the application**

**Their representative**

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 tell us by ticking this box:

### 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 7 – Tell us about your claim

Please give brief details of your claim. Was the alleged discrimination to do with?

### School admission

### Education

- Including access to any benefit, service and facility  
(this means all aspects of school life, including what happens at breaks, lunchtimes, as well as school trips, and after school activities and services)

### Exclusions

Please state if the exclusion is permanent, fixed term or temporary.

**Important Note: SENTW does not deal with all types of claims about admissions and exclusions. Contact your school or local authority if your claim is about:**

- a maintained school admission decision, or
- a permanent exclusion from a maintained school.

Please give details of the school concerned:

**School name**

**Address** (including postcode):

**Telephone:**

**Which local authority is responsible for it?**

(Only if the school is not an independent school)

**Which local authority area do you live in?**



**When did the alleged discrimination take place?** Please give date or dates.

Was the child's disability the reason or the alleged discrimination?

Yes

No

If 'No', was the reason for the alleged discrimination because of another reason to do with disability?

Yes

No

## Section 8 - Reasons for your claim

**How did the alleged discrimination take place?** Please make sure you explain what happened, why you consider the treatment to be unfair and who was involved.

You will need to explain in what way the child's disability was the reason for the alleged discrimination. If the reason for the alleged discrimination is not to do with the child's disability, you will need to explain in what way the alleged discrimination is because of the disability.

You can use this space here and continue on a separate sheet if necessary.

## Section 9 – Putting things right

We have no power to award money as compensation for any discrimination that may have taken place. Please see the **Claim Guidance (ETW6)** guide for examples of what we can order.

**If we decide in your favour, what do you want to see happen?**

You can use this space here and continue on a separate sheet if necessary.

## Section 10 – Consolidating SEN or ALN appeals and disability discrimination claims

We also deal with special educational needs (SEN) and additional learning needs (ALN) appeals against decisions made by local authorities. If you require us to forward you a copy of the appeal form and booklet, please mark the box.

If there is already an existing appeal for the child, would you like the claim to be heard at the same time?

Yes

No

If yes, please give brief details of the appeal:

Date you submitted the appeal:

Appeal Number:

## Section 11 – What steps have already been taken

**Tell us about the steps, if any, already take to resolve the disagreement.**

You can use this space here and continue on a separate sheet if necessary.

## Section 12 – Monitoring Information

It would help us if you could select one of the following. You do not have to, but the information gives us useful statistics. We keep all information confidential. We are registered under the Data Protection Act.

The child or young person's ethnic origin is:

Bangladeshi       Black African       Black Caribbean       Black Other

Chinese       Indian       Pakistani       White

Other (please specify)

## Section 13 – Your signature

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

**Signed:**

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**Name:**

(IN CAPITALS):

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**Date:**

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**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 claim 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](mailto:educationtribunal@gov.wales)

OR

[tribunal.enquiries@gov.wales](mailto: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

The information noted here **MUST** be part of your application. Please make sure you include it in the form, or provide copies of documents where required.

## If the claim is about a child

Written confirmation that you have told all persons who:

- have parental responsibility for the child; or
- share parental responsibility for the child; or
- have care of the child

that you're making a claim.

If you have not told these people you're making a claim, please submit reasons why you have not told them.