

Tribiwnlys  
Addysg Cymru



Education Tribunal  
for Wales

## Appeal Application

It is important that you read our guidance booklet *Appeal guidance (ETW2)* 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.

The Education Tribunal for Wales welcomes correspondence and phone calls in Welsh and English. This includes submitting forms, documents and written representations to the Tribunal.

### 1. Language Preference

Would you prefer to correspond with us in:	Welsh	English	Both
Would you prefer any verbal communication to be in:	Welsh	English	Both
Would you prefer to speak Welsh or English at your Tribunal Hearing?	Welsh	English	Both

### 2. Languages Spoken

What languages do you use to communicate? (Please tick all that apply)	Welsh	English	Other
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Other (please state)

**3.** We would like to support the use of the Welsh language in Tribunals. If you can speak Welsh, and have indicated English as your language of choice, is there a specific reason why you have chosen to communicate in English?

*(Your answer will not affect the substance of your case in any way)*

**Section 1 – Information about the child or young person**

This appeal is about the following child or young person:

First Names:

Surname:

Date of birth:

Gender:

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 whom the appeal is about.

## Section 2 – Information about the person making the appeal

Title:  Surname:  First Names:

Address (including postcode):

Telephone: day

evening



Mobile:

Email address:

Which language should we correspond with you in?

Welsh

English

**Please explain how you are entitled to make this appeal.** Options include:

- a) **The child or young person**, exercising their right to make their own appeal, **or**
- b) **The child's parent**, exercising the parental right to make an appeal (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 appeal.

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

**(Please skip section 3 if your appeal is about a young person over compulsory school age)**

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 appeal. If you are unable to do this, you **must** explain why.

### Parent one

Only complete details for “Parent one” if the information is different to the person making the appeal 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:

Have you told this person that you plan to submit an appeal?

**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 appeal?

**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 appeal? (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 appeal, please explain why here: (Please refer to each one separately)

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

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 appeal

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 appeal

Their representative

To save costs and deal with your appeal as quickly as possible we would like to e-mail you.

If you agree for us to use e-mail, please tick this box.

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 appeal takes us longer to prepare. Please tell us what you need:

## Section 7 – Reasonable Adjustments

If you or anyone you have named on this form has a disability, or has any other needs that may affect your ability to participate in the tribunal process, please let us know as soon as possible. The tribunal will then identify any reasonable adjustments which can be put in place. Examples would include wheelchair access or use of a hearing loop.

Please give **name of person** and any reasonable adjustments requested:

Please give **name of person** and any special adjustments requested:

## Section 8 – The decision letter from the local authority or further education institution

The local authority or further education institution must give written notice to the children, parents of children, and young people about its decision and the right to appeal to the Tribunal. You must provide the date of this decision letter for your appeal to be processed.

Which local authority or further education institution made the decision against which you are appealing?

On what date did you receive the local authority or further education institution's letter giving you that decision?

## Section 9 – Individual development plans

Does the child or young person have an individual development plan?

Yes

No

If **'YES'**, what is the date of the current plan?

## Section 10 – Tell us what you’re appealing against

Below is a list of reasons you may appeal to the Tribunal.

**Please choose all that apply.**

You will explain your reasons and submit evidence in your case statement.

- A decision by a further education institution or a local authority about whether a child or young person has additional learning needs (ALN)
- (In the case of a young person) a decision by a local authority about whether it is necessary to prepare and maintain an individual development plan (IDP)
- The description of a person’s ALN in an IDP (including planned start, review, and end dates)
- The additional learning provision (ALP) in an IDP, or the fact that the ALP required is not in an IDP
- Whether the IDP says that ALP should be provided in Welsh
- The school or institution, or board and lodging, mentioned in an IDP for the purpose of meeting the child’s reasonable needs for ALP
- The school named in an IDP for admission, or if no school is named in an IDP for admission
- A decision by the local authority not to change an IDP when a child, child’s parent, or young person has asked the local authority to reconsider an IDP maintained by a maintained school
- A decision by the local authority not to take over responsibility for an IDP, which a school maintains, when the child or their parent, a young person or the governing body of that school has asked the local authority to maintain it instead
- A decision to stop maintaining an IDP
- A refusal to decide a matter because there is no change in needs, or no new information that materially affects the previous decision

If the child or young person is detained, you may appeal about:

- A decision of the home authority about whether a detained young person or child has ALN
- A decision of the home authority about whether it will be necessary to maintain an IDP for a detained young person or child when they are released from detention
- The description of a young person's or child's ALN in an IDP
- The ALP in an IDP, or the fact that the ALP is not included in the plan (ALP applicable on release from detention)
- Whether an IDP says that ALP should be provided in Welsh
- The school or institution, or board and lodging, mentioned in an IDP, to meet reasonable needs for ALP (for admission on release from detention)
- The school named in an IDP for the purpose of securing admission (admission on release from detention)
- If no school is named in an IDP for admission on release from detention
- A refusal to decide whether a detained person has ALN on the basis that:
  - the home authority has previously made such a decision; and
  - the person's needs have not changed materially; and
  - there is no new information materially affecting either that decision or a decision as to whether a plan will be necessary on release.

**(If the appeal is not about the named school, you may skip sections 10 and 11)**

## Section 11 – The school named in the IDP

If the appeal is about the school named in the IDP, you must tell us about the school you would prefer to be named.

Name of School:

Address (including postcode):

If you cannot name a particular school, please describe the type of school you would like the child to go to:

## Section 12 – The school named in the IDP

If the appeal is about the school named in the IDP, you must send us the following information. Please submit copies of any letters that confirm the information required.

- If the school is maintained (funded by a local authority):
  - Written confirmation that you have told the local authority that funds the maintained school that you're asking the Tribunal to consider ordering placement at the school.
- If the school is an independent school:
  - Written confirmation from the proprietor of the independent school that there is a place available at the school, and confirmation you have told them that you're asking the Tribunal to consider ordering placement at their school.
- If you are requesting placement at any other institution than a maintained or independent school:
  - Written confirmation that you have established whether or not there is suitable provision available at the institution.

### Section 13 – Reasons for your appeal, and the result sought

Tell us about your reasons for appealing and the **result you are seeking**. You can use the space below and continue on a separate sheet if necessary.

Please provide as much information as possible, but remember you may still provide evidence and further information in your case statement. Your case statement must be submitted within 8 weeks of the decision letter you are appealing. It is the same deadline as this appeal, but you do not have to submit both at the same time.

If you would like the Tribunal to make an order that a part of the IDP is changed, please say which section of the IDP you would like to see changed:

**Section 14 – Resolution of disagreement**

Tell us about any steps already taken to resolve the disagreement.

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

**Section 15 – Consolidating additional learning needs appeals and disability discrimination claims**

In the event that we receive more than one appeal about the same child at any one time we are likely to seek to consolidate the appeals so that they are heard at the same time.

We also deal with claims about disability discrimination in schools.

If you require us to forward you a copy of our claim form and claim guidance booklet, please tick this box.

If there is already an existing disability discrimination claim with the Tribunal, would you like the appeal to be heard at the same time?

Yes

No

## Section 16 – 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's ethnic origin is:

Bangladeshi

Black African

Black Caribbean

Black Other

Chinese

Indian

Pakistani

White

Other (please specify):

## Section 17 – The hearing

It may be possible to decide your appeal on the basis of the papers. That means that the panel will make a decision based on the evidence submitted from each party and an oral hearing will not take place.

If you are happy for your case to be decided on the basis of the papers, tick this box.

If a hearing is held, we will ask for the names of your witnesses, and any communication requirements for attendees, at a later date.

## Section 18 – Your signature

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

Signature:

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 appeal application

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

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

Email: [educationtribunal@gov.wales](mailto:educationtribunal@gov.wales)

OR

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

OR

Education Tribunal for Wales  
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 appeal. Please make sure you include it in the form, or provide copies of documents where required.

1. If the appeal 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 an appeal.

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

2. If you would like the Tribunal to make an order for a placement at a school or other institution, the appeal application must include:

The name and address of the school or other institution

## ALSO

If it is a maintained school:

Written confirmation that you have told the local authority that funds the maintained school that you're asking the Tribunal to consider ordering placement at their school. **This must be a copy of the letter you sent the local authority.**

If it is an independent school:

Written confirmation from the proprietor of the independent school that there is a place available at the school, and confirmation you have told them that you're asking the Tribunal to consider ordering placement at their school. **This must be copies of any letters to or from the proprietor that confirms this information.**

If any other institution than a maintained or independent school:

Written confirmation that you have established if there is suitable provision available at the institution.