



## Attendance form for respondents

It is important that you read our guidance booklet *Attendance form guidance for respondents (ETW26)* 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.

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 – Case details**

Case reference number:

Child or young person’s name:

Name of local authority, FEI or responsible body:

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**Section 2 – Local authority, further education institution, or responsible body representative**

Please give the name, profession, address and phone number of your representative that will be going to the hearing.

Name of representative:

Profession:

Email address:

Telephone:

Mobile:

Address (including postcode):

### Section 3 – Representative

If the local authority, further education institution, or responsible body is also being represented at the hearing by another person, please give details.

Name of representative:

Profession:

Email address:

Telephone:

Mobile:

Address (including postcode):

Are they legally qualified?

Yes

No

Do they wish to speak in Welsh or English?

Welsh

English

### Section 4 – Advocate

If you would like someone to come to the hearing to communicate the views and wishes of the child, please give details:

Name of advocate:

Organisation:

Email address:

Address (including postcode):

Telephone:

Mobile:

## Section 5 – 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:

Telephone:

Mobile:

Address (including postcode):

Do they wish to speak in Welsh or English?

Welsh

English

Name of witness 2:

Profession:

Email address:

Telephone:

Mobile:

Address (including postcode):

Do they wish to speak in Welsh or English?

Welsh

English

## Section 6 – 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 7 – 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 8 – 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 9 – 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 10 – Your signature

Signature:

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 Local Authority, Further Education Institution or Responsible Body representative.
- 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 form

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

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Welsh Tribunals Unit  
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