



## Tribunal Attendance Form

### Local Authority or Responsible Body

It is important that you read our guidance booklet, attendance guidance (SENTW 11) before filling in this form.

Please write clearly in BLACK ink.

You must let us know who will be coming to the hearing. If you do not fill in and return this form by the date we ask for it, your representative and witnesses may not be able to come to the hearing. If you return this form but it is not complete, anyone you have not named may not be able to come to the hearing.

This document is also available in Welsh. Please contact the Tribunal for a Welsh version of this document.

Appeal/Claim  
Number:

Name of Child:

Name of Local Authority  
or Responsible Body:

Date you are  
returning this form:

### Section 1 – Local Authority or Responsible Body Representative

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

Name:

Profession:

Address (including postcode):

Telephone:

Mobile:

Email address:

Please tick if you wish to speak

Welsh  English

### Language Preference

SENTW 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 SENTW in Welsh or English.

Do you want us to correspond with you in : 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

## Section 2 – Representative

If the Local authority or Responsible Body is also being represented at the hearing by another person, please give details:

Name:  Profession:

Address (including postcode):

Telephone:  Mobile:

Email address:

Please tick if you wish to speak

Welsh  English

Is the representative legally qualified:

Yes  No

## Section 3 – Advocate

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

Name:  Profession:

Address (including postcode):

Please tick if the child's advocate wish to speak: Welsh  English

## Section 4 – 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:  Profession:

Address (including postcode):

Please tick if your witness wishes to speak: Welsh  English

Name:  Profession:

Address (including postcode):

Please tick if your witness wishes to speak: Welsh  English

## Section 5 – 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:  Profession:

Address (including postcode):

## Section 6 – 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 7 – 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 8 – Result of appeal/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 9 - Signatures

Signed: \_\_\_\_\_

Name: (IN CAPITALS) \_\_\_\_\_

Date: \_\_\_\_\_

**Please make sure that you return this form by the date we have asked you to return it.**

### **Important:**

- **Forms received by email must contain the electronic signature of the Local Authority or Responsible Body Representative.**
- **If you want to change any of the people you have named on this form you must let us know in writing straight away.**
- **A person named as a witness on your attendance form may be changed by sending written notification of the change to SENTW 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.**