

Tribiwnlys Anghenion  
Addysgol Arbennig Cymru



Special Educational  
Needs Tribunal for Wales

## Special Educational Needs Tribunal Appeal Application

It is important that you read our guidance booklet, *How to make an appeal (SENTW 1)* 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 Special Educational Needs 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	<input type="checkbox"/>	Other	<input type="checkbox"/>
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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

This appeal is about the following child or young person:

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>	Boy or Girl:	<input type="text"/>

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

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

This appeal is being made by:

Title:	Surname:	First Names:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

- a) **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**
- b) **The child**, exercising the child's right to make his or her own appeal, **or**
- c) The **child's case friend**, exercising the child's right to make his or her own appeal.

Address (including postcode):

Telephone day:

evening:

Mobile:

Fax:

Email address:

## 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.

You must also notify all persons and organisations who have or share parental responsibility for the child or have care of the child, that you are proposing to make an appeal to the Tribunal.

A letter confirming that you have notified all persons and organisations who have or share parental responsibility for the child or have care of the child **OR** giving the reasons why you have not notified all persons or not provided the names and addresses of all persons, must be submitted with your appeal application.

### 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:

Fax:

Email address:

**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:

Fax:

Email address:

**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:

## 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:

Fax:

Email address:

Is your representative legally qualified?

Yes

No

## Section 5 – Tell us who you want to receive information about the appeal

Tell us who you want to receive information about the appeal:

The person making the appeal

Representative

We can only send papers and documents to **one** of the people named on this form.

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 tell us by putting a cross here.

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## Section 6 – Tell us about the decision letter from the Local Authority

The Local authority must give written notice to the parent of its decision and the right to appeal to the Tribunal. The Local Authority must also give written notice to the child.

Which Local Authority made the decision against which you are appealing?

On what date did you (the parent or the child, if the child is making the appeal) receive the Local Authority's letter giving you that decision?



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## Section 7 – Tell us if the Local Authority has made a Statement of the child's Special Educational Needs

Does the child have a statement of special educational needs?

If **'YES'**, on what date was the statement made?

## Section 8 – Tell us what you are appealing against

Please tick all the boxes that apply to your appeal to tell us what you are appealing against.

### a) Refusal to carry out statutory assessment or re-assessment

The Local Authority has been asked by the parent (or the school) to assess the child but it Refused.

The child already has a statement and the parent (or the school) asked the Local Authority to re-assess the child but the Local Authority has refused to do so.

### b) Refusal to make a statement of Special Educational Needs

The Local Authority assessed the child but refused to make a statement.

### c) Contents of a Statement of Special Educational Needs

The Local Authority made a statement of special educational needs for the child, or refused to change the statement after carrying out a formal re-assessment and:

I disagree with what part 2 of the statement says about the child's special educational needs.

I disagree with what part 3 of the statement says about the educational help or provision the child should receive.

I disagree with the school named in part 4 of the statement or the Local Authority has not named a school in part 4 of the statement.

### d) Change of school where the statement is at least one year old

The statement was at least one year old when the parent asked the Local Authority to change the school named, but it refused.

(Only where a previous request has not been made in the last 12 months and the school asked for is maintained (funded) by the Local Authority).

### e) Decision to stop maintaining a statement

The Local Authority decided to cancel the child's statement.

## Section 9 – If the appeal is about the school named in the statement, you must tell us about the school you would prefer to be named

If the appeal is not about the school do not complete this section and go to section 11.

If you are appealing against the school named in part 4 please provide us with the name and address of 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.



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## Section 10 – If the appeal is about the school named in the statement, you must send us the following information

If the school is maintained (funded by the LA):

- You must tell the Head Teacher of the school that you would like the school named in the child's statement. **You must submit a copy of your letter with your Appeal Application.**
- You must tell the Local Authority that maintains (funds) the school that you would like the school named in the child's statement. **You must submit a copy of your letter with your Appeal Application.**

If the school is an independent school or a non maintained special school:

- You must tell the proprietor of the school that you would like the school named in the child's statement. **You must submit a copy of your letter with the Appeal Application.**
- You must provide written confirmation from the school that it has a place available for the child. **You must submit a copy of the letter with your Appeal Application.**



## Section 11 – Tell us about your reasons for appealing and the result you are seeking

Please explain the reasons for your appeal and give us all the information you feel is important. You must give enough reasons so that we can deal with your appeal and so that the Local Authority can respond to your appeal. Our **How to Appeal** guide tells you what information we need you to tell us about.

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

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## Section 12 – Tell us about the steps, if any, already taken to resolve the disagreement

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

## Section 13 – Consolidating Special Educational 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 booklet “Disability Discrimination in Schools” please tick the box.

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

Yes

No

## Section 14 – 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):

If we can help by translating our letters to you into another language or into Braille, or if you have any other special needs, we will do our best to meet your needs (this will be free of charge). This may mean that your appeal takes us longer to prepare. Please tell us what you need.

## Section 15 – The Hearing

If your Appeal is about Refusal to Assess or Refusal to Re-assess, your Appeal will be decided on the papers submitted from both Parties, this means that you will not need to attend an Oral Hearing.

If you feel that an oral hearing is necessary please tick this box.

It would be helpful if you could provide some information as to why you feel an oral hearing is necessary. Please use a separate sheet to do this.

## Other types of appeals

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, please tick this box.

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## Section 16 – Your signature

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

Signature:

Name (IN CAPITALS):

Date:



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## Section 17 – 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:

Education Tribunal for Wales  
Welsh Tribunals Unit  
PO Box 100  
Llandrindod Wells  
LD1 9BW

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

OR

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

**Important:** Forms received by email must contain the electronic signature of the parent making the appeal or if permission is given their representative. In the case of a child making the appeal the email must contain the electronic signature of the child or their case friend.

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

## Checklist

In all cases you will need to send the following with your Appeal Application:

A letter confirming that you have told all persons and organisations who have or share parental responsibility for the child or have care of the child, that you are proposing to make an appeal, **OR**

A letter giving the reasons why you have not notified all persons or not provided the names and addresses of all persons.

Any documents you are relying on to support your appeal.

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If the appeal is about the school named in Part 4 of the statement you will also need to send the following with your Appeal Application:

If you are asking for a maintained (Local Authority funded) school:

A copy of your letter telling the Head Teacher of the school that you would like the school named in the statement.

A copy of your letter telling the Local Authority that maintains (funds) the school that you would like the school named in the statement.

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If you are asking for an independent school (a school not funded by Local Authority) or a non-maintained special school.

A copy of written confirmation that there is a place available for your child at the school.