

Tribiwnlys Anghenion
Addysgol Arbennig Cymru



Special Educational
Needs Tribunal for Wales

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.

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)

Appeal/
Claim Number: Date you are
returning this form:

Name of Child:

Name of Local Authority
or Responsible body:

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

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 – Signature

Signature:

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**

Sending us the form

Email: educationtribunal@gov.wales

OR

Email: tribunal.enquiries@gov.wales

OR

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