



Application to make a Disability Discrimination Claim

It is important that you read our guidance booklet, [How to make a claim](#) 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 and we will help you fill in the form-

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

Section 1 – Information about the child

This claim is about the following child or young person:

First Name:

Date of Birth:

Surname:

Boy or Girl

Is he or she disabled?

Yes

No

If 'yes' in what way?

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

Section 2 – Information about the person making the claim

This claim is being made by:

Title Surname: First Names:

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

- a) **The Child's parent**, exercising the parental right to make a claim (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 claim,
or
- c) The **child's case friend**, exercising the child's right to make his or her own claim.

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 a claim 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 claim application.

Parent One

Only complete details for Parent One if the information is different to the person making the claim 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 claim

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 claim

The person making the claim

Representative

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

To save costs and deal with your claim 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

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

Section 6 – Tell us about your claim

Please give brief details of your claim. Was the alleged discrimination to do with?

School admission

Education. Including access to any benefit, service and facility

(this means all aspects of school life including what happens at breaks, lunchtimes as well as school trips and after school activities and services)

Exclusions.

Please state if the exclusion is permanent, fixed term or temporary.

Important Note: SENTW does not deal with all types of claims about admissions and exclusions. Contact your school or Local Authority if your claim is about:

- a maintained school admission decision, or
- a permanent exclusion from a maintained school.

Please give details of the school concerned.

School name

Address (including postcode):

Telephone:

Which local authority is responsible for it?
(Only if the school is not an independent school)

Which Local Authority area do you live in?

When did the alleged discrimination take place? Please give date or dates.

Was the child's disability the reason for the alleged discrimination?

Yes

No

If 'No', was the reason for the alleged discrimination because of another reason to do with disability?

Yes

No

Section 7 - Reasons for your claim

How did the alleged discrimination take place? Please make sure you explain what happened, why you consider the treatment to be unfair and who was involved.

You will need to explain in what way the child's disability was the reason for the alleged discrimination. If the reason for the alleged discrimination is not to do with the child's disability, you will need to explain in what way the alleged discrimination is because of the disability.

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

Section 8 – Putting things right

We have no power to award money as compensation for any discrimination that may have taken place.

Please see the How to make a Claim guide for examples of what we can order. If we decide in your favour, what do you want to see happen?

You do not have to fill this in but it may help us if you do.

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

Section 9 – Consolidating SEN Appeals and Disability Discrimination Claims

We also deal with Special Educational Needs (SEN) appeals against decisions made by Local Authorities about children's special educational needs. If you require us to forward you a copy of our appeal form and booklet please tick the box.

If there is already an existing special educational needs appeal for the child, would you like the claim to be heard at the same time?

Yes

No

If yes, please give brief details of the SEN appeal

Date you submitted the appeal.

Appeal Number.

Section 10- What steps have been taken

Tell us about the steps, if any, already take to resolve the disagreement

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

Section 11 - 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	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White	<input type="checkbox"/>
Other (please specify)	<input type="text"/>						

Section 12 – Your signature.

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

Signed: _____

Name: (IN CAPITALS) _____

Date: _____

Section 13 – Sending us the Claim Application.

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

Please send the Claim Application and copies of all the relevant documents to us at:

By post:

SENTW
Government Buildings
Spa Road East
Llandrindod Wells
Powys
LD1 5HA

By Fax: 0300 025 9801

By email: sentw@wales.gsi.gov.uk

Important: forms received by email must contain the electronic signature of the parent making the claim or if permission is given their representative. In the case of a child making the claim 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 Claim 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 a claim 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 claim.