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| --- | --- | --- | --- | --- |
| Tribunal Client Details | | | | |
| **Parent/Carer/Client Name** |  | | | |
| **Contact Number(s)** |  | | | |
| **Additional Needs of Parent/Carer if any** |  | | | |
| **Email** |  | | | |
| **Address (including Postcode)** |  | | | |
|  |  |  |  |
| **Child/YP’s (preferred) Full Name** |  | | | |
| **Child’s Preferred Pronouns**  **(he/him, she/her, they/their)** |  | | | |
| **Child’s DOB** |  | **School Year** |  | |
| **School (inc. address)** |  | | | |
| **Child’s Address (if different)** |  | | | |
| **Child’s SEND/Needs** |  | | | |
|  | | | | |

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| Tribunal Query | | |
| **Type of Appeal** | Refuse to Assess  Refuse to Issue  Section Appeal (B, F, I)  Disability Discrimination |  |
|  | Date of Refusal Letter (if applicable) |  |
|  | Date Final Plan was issued (if applicable) |  |
| **Mediation requested/considered?** | Date Mediation requested/Date of Mediation Meeting |  |
|  | Mediation Cert Date |  |
| **Has the Appeal already been lodged?** | Yes/No |  |
|  | Date Lodged |  |
|  | Date Appeal paperwork received |  |
|  | Hearing Date (if known) |  |
|  | Important dates to adhere to (tribunal papers) |  |
| **Representation at Tribunal** | Yes/No |  |

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| --- | --- |
| Level of Support Required | |
| reSEND offer several levels of support with regards to the Tribunal Process. Please indicate what level of support you think you will require from reSEND. | |
| **Light Guidance** (Tell me what I need to do and when I need to do it by)  **Hand Holding** (Help me write paperwork and give me instructions on how to complete documents etc)  **Do it for me!** (Write and submit all documents for me) |  |

**Agreements**

I agree to reSEND Ltd to storing my personal data on their systems. (Personal data will not be shared with third parties, other than when needed for the services required)

I agree that reSEND Ltd may share my information and discuss my case with other professionals. (We will always discuss with you before sharing information with anyone, including professionals. The only time we may not be able to is if we feel there is a safeguarding concern.)

I agree to pay for services received at the agreed price within 15 days of receiving the invoice and understand there will be a 25% interest fee applied after 15 days. I understand that if payment is not received within 1 month, then reSEND Ltd may instruct a third party to recoup the outstanding balance and the cost of this will be passed onto myself.

|  |  |  |
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| **Payment Plan required?**  reSEND offer interest free flexible payment plans | Yes/No |  |

I agree that any actions taken based on information and advice received by reSEND Ltd is done so at my own risk. I will not hold reSEND Ltd responsible, to the fullest extent permitted by law, for any losses, penalties, surcharges, or other damages.

Signed\* Date

*\*A typed name will be considered an electronic signature*

Print Name