additional support needs tribunals for scotland

Disability Discrimination Claim Form

Additional Support Needs
Tribunals for Scotland

Disability Discrimination Claim Form

If you require any information regarding the completion of this form please call our helpline on 0845 120 2906.

Section 1 – Person who has been discriminated against

Surname:
First name(s):
Male or female:
Date of birth:

Section 2 – Description of disability

Please state:

(a) any diagnosis, if available
(b) the approximate date of the start of the condition(s) if not present from birth
(c) describe the disability or disabilities

(d) any medication or treatment regime

(e) how it affects the ability to carry out normal day-to-day activities

(f) any variability in the condition

You may find it helpful to submit any medical evidence which you have available with this form if this helps to indicate the extent of the disability.

If there is a co-ordinated support plan (CSP), you should also include a copy of the latest version of the plan.

If we require further information on this disability, we may issue a supplementary form for you to complete.

Section 3 – Contact details

You (parent or person making their own claim)

Mr/Mrs/Miss/Ms/Other:

Surname:

First name(s):

Relationship to child (if applicable):

Address:

Postcode:

Telephone:

Mobile:

Email:

I give/do not give my permission to send correspondence by email.

Signature:

Other parent (if applicable)

Address:

Postcode:

Relationship to child:

We will not write to the other parent but in terms of this legislation they are entitled to be present at the hearing.

Representative (if applicable)

You have the right to have someone support you as well as someone to act as your representative when you make a claim. This person could be someone from a support group, or a friend who is knows about your discrimination claim. It could also be someone who is experienced in representing at Tribunals or who is legally qualified. **If you name a representative, you should be aware that all of our letters and correspondence will normally be sent only to them.**

If you send your claim without naming a representative but later change your mind, a representative can be added at any time before the hearing but you must write and confirm. Also, if you change your representative, you must write to us with the details as soon as possible.

Mr/Mrs/Miss/Ms/Other:
Surname:
First name(s):
Profession or organisation:
Address: Postcode:
Telephone:
Mobile:
Email:

Section 4 – Communication and other support needs

We will do our best to meet any communication or support needs you may have; there will be no cost to you.

For instance, if you need our correspondence translated or in a larger font; or if you need a signer or interpreter please let us know.

Section 5 – Your claim

What are you claiming against?

Please tick the boxes that apply.

Admission to school. ☐

Exclusion from school. ☐

Another issue to do with education. ☐

If your claim concerns a school or education setting, please give details of the school or education setting concerned.

Name and address of the responsible body i.e. the education authority or school management board:

Postcode:

Telephone:

When did the alleged discrimination take place?

Please give the date or dates. If the conduct took place between given dates then specify. If you are unsure of the exact date(s) then indicate that they are approximate. If the conduct or failure is ongoing then please indicate the whole period concerned.

How did the alleged discrimination take place?

Please describe:

(a) what happened

(b) the location

(c) why you consider the conduct to be wrong

(d) please give the names of the person(s) involved

(e) in what way was the disability the reason for the alleged discrimination.

If you have received letters from the school or education authority which relate to the matter you are claiming about, you should send copies of these with this form as well as any other relevant information.

Please give as much detail as you can.

Please continue on a separate sheet of paper if necessary.

If your claim is time critical such as an exclusion or if it affects an event that has not yet happened e.g. a school trip, that is in the future, please let us know if you would like to request a shorter case statement period and provide any relevant information as to why the claim should be dealt with as an emergency.

Section 6 – Putting things right

The Tribunal has no power to award money as compensation for any discrimination that may have taken place. If the Tribunal decides the claim in your favour, what result are you seeking?

Some remedies that the Tribunal may order include:

- A statement that discrimination has occurred;
- A written apology;
- Training to be provided to school staff;
- Policies to be developed;
- Re-instatement in the school;
- You may also indicate any other remedy not stated above.

Please note that whatever you request, the Tribunal may decide that there is a more appropriate remedy and may direct that this be awarded as well or instead.

Section 7 – Additional Support Needs Tribunals for Scotland References

The Tribunals also deal with appeals against decisions made by education authorities about children's and young people's additional support needs.

If you have made or are making a reference on additional support needs, would you like the Tribunal to hear this claim at the same time as your reference (if it is considered appropriate to do so)?

Yes ☐ No ☐

Date you sent your reference in:
Reference number (if you have already been given one):

Section 8 – Sending us your claim

Signature:
Print name:

Please delete as appropriate: Person who was discriminated against/parent of person discriminated against/representative.

Date:

Once you have filled in the claim form, make sure that you have signed it if it is **not** being submitted online.

Then, please send the form and all other relevant documents to us at:

Additional Support Needs Tribunals for Scotland
Europa Building
450 Argyle Street
Glasgow
G2 8LH

By fax: 0141 242 0141

This claim form can also be submitted online to **inquiries@asntscotland.gov.uk**. For more details on submitting a claim online see **www.asntscotland.gov.uk**.

At the same time you are also required to send a copy of your claim to:

Equality and Human Rights Commission Helpline Scotland
Freepost RRLL-GYLB-UJTA

By email to: LegalRequestScotland@equalityhumanrights.com

You must send your claim to us within six months of the alleged discrimination taking place unless the dispute has been sent for conciliation in terms of Section 27 of the Equality Act 2006. If that applies then you have an additional three months in which to make your claim.

Ethnic Monitoring

In order to record the diversity of users, we would ask you to tick one of the boxes. Giving this information is entirely optional; it will have no effect on how your claim is progressed.

We operate stringent data management procedures and will keep your information secure. We are registered under the Data Protection Act.

This page will be detached from your claim and destroyed. The statistical data we gather from this sheet is kept in a separate electronic file from the claims themselves.

Ethnic origin of person discriminated against:

White:

☐ Scottish

☐ Other British

☐ Irish

☐ Any other white background Please specify: ☐

Mixed:

☐ Any other mixed background Please specify: ☐

Asian, Asian Scottish or Asian Black:

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background Please specify: ☐

Black, Black Scottish or Black British:

☐ Caribbean

☐ African

☐ Any other black background Please specify: ☐

Other ethnic background:

☐ Any other background Please specify: ☐

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215792 (02/12)