

Additional Support Needs Tribunal

---

# Capacity and Wellbeing Reference Form for Parents and Guardians



# Introduction

---

This form is available in larger font and in other languages. If you don't have access to the internet a copy of the relevant information can be posted to you. If you have any questions or need more information to complete this form, please call us on **0141 302 5860**.

The Education (Additional Support for Learning) (Scotland) Act 2004 gives parents and (in certain circumstances) children aged between 12 and 15 years the right to make an application to the Health and Education Chamber (Additional Support Needs Tribunal). We call this **the Tribunal** in this form.

## **This is a capacity and wellbeing reference form.**

If you are a child aged 12 to 15 years (inclusive) and making your own capacity and wellbeing reference you may use the child form instead. You can find this here: <https://www.healthandeducationchamber.scot/needstolearn/make-appeal>

If you are making a capacity and wellbeing reference for a child, the term **parent** includes:

- a guardian
- anyone who has care of the child
- anyone who has responsibility to maintain the child
- anyone who has parental responsibilities for the child

Please provide as much information as possible in the form. You can also provide letters or documents which support your reference. If you have a letter from the education authority about their assessment of the child's capacity and wellbeing, please include this with your form.

There is information on our website at: <https://www.healthandeducationchamber.scot/additional-support-needs/publications/information-notes>

**The Tribunal procedures are governed by The First-tier Tribunal for Scotland Health and Education Chamber Rules of Procedure 2018.**

**Move to Section 1 >**

# Section 1: Child and Parent Details

---

## About the child (aged 12 to 15 years)

---

Full name:

---

Known as:

---

Date of Birth:

---

Gender: Male  Female  Non-binary

---

Is the child or young person looked after by a local authority (within the meaning of section 17(6) of the Children (Scotland) Act 1995)? Yes  No

---

## About you (parent)

---

Title: Mr  Mrs  Miss  Ms  Mx  Other (please specify)

---

Full name:

---

Relationship to child:

---

Address:

---

---

---

Postcode:

---

Telephone:

---

Mobile:

---

Email:

---

 [Move to Section 2 >](#)

## Section 2: Communication and other support needs

---

We will do our best to meet any communication or support needs you may have, **without any cost to you**. For example, if you need our correspondence translated or in a larger font.

**Please explain any communication or support needs you require in the box below.**

The child may use different ways to communicate, including writing, drawing, speaking in person or sending a video message. You can speak to the Tribunal about this.

**Continued on next page >**

## Additional support needs

Which additional support needs does the child or young person have?  
**Tick all that apply.**

Anxiety

Attention Deficit Hyperactive Disorder (ADHD)

Autistic Spectrum Disorder (ASD)

Hearing impairment

Interrupted learning

Language or speech disorder

Looked after

More able pupil

Obsessive Compulsive Disorder (OCD)

Physical or motor impairment

Physical health problem

Visual impairment

Other (please specify)

### Mental health

Please specify

### Learning difficulty

Auditory Processing Disorder (APD)

Concentration challenges

Difficulty following instructions

Dyscalculia

**Continued on the next page >**

---

Dysgraphia

---

Dyslexia

---

Language processing disorder

---

Literacy challenges

---

Low self-esteem

---

Numeracy challenges

---

Sequencing challenges

---

Social skills challenges

---

Speech/language delay

---

Visual perceptual/visual motor deficit

---

Other (please specify)

---

**Please provide any further details of the additional support needs in the box below.**

**Move to Section 3 >**

# Section 3: Representation

---

## Representative

You have the right to have a representative when you make a reference. This could be someone who is experienced in providing representation at Tribunals or someone who is legally qualified, like a solicitor. It could be a friend or relative, if you prefer someone who is not legally qualified.

If you decide to have a representative, all correspondence will normally be sent only to them.

## Let's talk ASN Scotland

This a free service for the parents of children with additional support needs who may require support in relation to a dispute or potential dispute with an education authority. The service also covers young people (aged 16 years and above) who have additional support needs. Let's Talk ASN Scotland is funded by the Scottish Government.

Telephone: 0141 445 1955

Email: [advice@edlaw.org.uk](mailto:advice@edlaw.org.uk)

## Independent advocate

An independent advocate partners with a child and listens to their views, wishes and feelings, so that they can support the child to express their views on matters relating to the reference. They may be instructed by the Tribunal to prepare a report, or they may already be partnering with a child. The independent advocate will work on behalf of the child they partner to ensure their views are clear.

**If the child has their own independent advocate, please give their details on the next page.**

## Enquire

Enquire is the Scottish advice service for additional support for learning. They can provide details of support and advocacy groups in your area.

Telephone: 0345 123 2303

Email: [www.enquire.org.uk](http://www.enquire.org.uk)

**Continued on the next page >**

## Representative's details

Representative type: Legal  Non-legal

Title: Mr  Mrs  Miss  Ms  Mx  Other (please specify)

Full name:

Company or organisation:

Profession:

Address:

Postcode:

Telephone:

Mobile:

Email:

## Independent advocate (for child)

If the child has an independent advocate, please provide details.

Title: Mr  Mrs  Miss  Ms  Mx  Other (please specify)

Full name:

Company or organisation:

Profession:

Address:

Postcode:

Telephone:

Mobile:

Email:

 [Move to Section 4 >](#)

# Section 4: My Reference

---

## A. Education authority

Which education authority has made the decision on the child's capacity or wellbeing that you disagree with?

---

Education authority:

---

Address:

---

Postcode:

---

Telephone:

---

Education Officer's name:

---

Education Officer's email:

---

## B. The decision you disagree with

In certain circumstances, a parent of a child may exercise a right which a child aged 12-15 years has. A parent may challenge either or both of the following decisions.

1. A decision by an education authority about the **capacity** of a child aged 12 to 15 years to do something (or have something done in relation to them).
2. A decision by an education authority about the **wellbeing** of a child aged 12 to 15 years should they do something (or have something done in relation to them).

**Continued on the next page >**

Please tick the box(es) and complete the relevant areas your reference relates to.

## 1. Decisions about capacity to do something

The education authority has made a decision about the child's **capacity to make a decision** about their educational needs, and I disagree with the education authority's decision

**Explain the decision you disagree with, and why in the box below.**

The education authority has made a decision about the child's capacity **to understand something about a CSP**, and I disagree with the education authority's decision

**Explain the decision you disagree with, and why in the box below.**

The education authority has made a decision about the child's capacity **to perform an act** about their educational needs, and I disagree with the education authority's decision

**Explain the decision you disagree with, and why in the box below.**

**Continued on the next page >**

---

The education authority has made a decision about the child's capacity **to express a view** about their educational needs, and I disagree with the education authority's decision

---

**Explain the decision you disagree with, and why in the box below.**

## 2. Decisions about wellbeing

---

The education authority has decided that the child's wellbeing would be adversely affected **by the child doing something**, and I disagree with that decision

---

**Explain the decision you disagree with, and why in the box below.**

---

The education authority has decided that the child's wellbeing would be adversely affected **by something being done to the child** and I disagree with that decision

---

**Explain the decision you disagree with, and why in the box below.**

**Continued on the next page >**

## Other decisions, acts or failures

If you are not sure which option applies, explain the decision, act or failure you wish to challenge and why in the box below.

If your reference is time critical, please let us know if you would like to request a shorter Tribunal process and explain why.

 [Move to Section 5 >](#)

# Section 5: United Nations Convention on the Rights of the Child (UNCRC)

---

If you wish to rely on the rights in the UNCRC as part of your reference, please tell us here. You can include this if you think a public authority has acted or failed to act in a way which is incompatible with the UNCRC, provided we have the power to grant the remedy (outcome) you are looking for.

You will find the content of the UNCRC Articles here: [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#) (legislation.gov.uk) (schedule to the 2024 Act).

Please complete the boxes below.

**Explain which UNCRC Articles you are relying on and why.**

**Explain the remedies you are seeking.**

**Explain the child's views on the remedies you are seeking (if possible).**

**Move to Section 6 >**

## Section 6: Supporting information

---

It is helpful if you can provide as much relevant information as possible with your reference. Please use this box to provide further information and to list the documents you are sending with the reference.

**Move to Section 7 >**

# Section 7: Declaration

---

**I declare that the information provided in this form is correct.**

Please note, for data protection purposes, any case sensitive information can only be released to a secure email address. If you or your representative do not have a secure email address then all case sensitive information will be sent by post.

---

**I give my permission to send correspondence by email:** Yes  No

---

Once you have filled in the form, make sure that you sign it below **(unless you are submitting it by e-mail)**.

---

**Signature:**

---

**Print name:**

---

**Date:**

---

## Final checklist

**Have you:**

---

Signed this reference form?

---

Enclosed the decision letter you disagree with (if any)?

---

Enclosed all the relevant documents you think might help the Tribunal?

---

**Send the form and all other relevant documents to:**

Additional Support Needs  
Health and Education Chamber  
First-tier Tribunal for Scotland  
Glasgow Tribunals Centre  
20 York Street  
Glasgow G2 8GT

Or send by email to: [ASNTribunal@scotcourtribunals.gov.uk](mailto:ASNTribunal@scotcourtribunals.gov.uk)

**Continued on the next page >**

# What happens next?

---

We will check your reference form. If we need further information, we will contact you.

When we are sure that we can proceed, we will register your reference and send you guidance about what will happen next. We will then send a copy of your reference to the education authority, so that they can respond.

There is an information note on making a reference on the Health and Education Chamber website: <https://www.healthandeducationchamber.scot/additional-support-needs/publications/information-notes>

**Further information:**

Health and Education Chamber

Website: [www.healthandeducationchamber.scot](http://www.healthandeducationchamber.scot)

Telephone: 0141 302 5860

# Ethnic Monitoring

---

In order to help us to monitor diversity, please tick one of the boxes.  
**You do not have to provide this information if you do not want to.**

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

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

## The child or young person's ethnic origin is:

### White

---

Scottish

---

Other British

---

Irish

---

Polish

---

Gypsy/Traveller

---

Roma

---

Showperson

---

Other white ethnic group  Please specify

---

Mixed or multiple ethnic groups  Please specify

---

### Black, Black Scottish or Black British

---

Please specify

---

**Continued on next page >**

## Asian, Scottish Asian or British Asian

---

Indian, Scottish Indian or British Indian

---

Pakistani, Scottish Pakistani or British Pakistani

---

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

---

Chinese, Scottish Chinese or British Chinese

---

Any other Asian background  Please specify

---

## African, Scottish African or British African

---

Please specify (for example Nigerian, Somali)

---

## Caribbean or Black

---

Please specify (for example Scottish Caribbean, Black Scottish)

---

## Other ethnic group

---

Arab, Scottish Arab or British Arab

---

Other (for example Sikh, Jewish)  Please specify

---