

Additional Support Needs Tribunal

Disability Discrimination Claim Form for Parents, Guardians and Pupils



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 Equality Act 2010, Schedule 17, Part 3 gives parents or the affected pupil (where the pupil has the capacity to make the claim) the right to make an application (called a **claim**) to the Health and Education Chamber (Additional Support Needs Tribunal). We use the term **the Tribunal** in this form.

A claim can be made to this Tribunal where it is alleged that a responsible body has discriminated against a disabled pupil in their school education. The responsible body may be the education authority responsible for the pupil's school education or an independent or grant-aided school.

This is a disability discrimination claim form.

If you are the pupil affected, you may complete this form or the pupil claim form which you can find here: <https://www.healthandeducationchamber.scot/needstolearn/make-claim>

If you are making a claim for a pupil, the term **parent** includes:

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

Continued on the next page >

Disability Discrimination Claim

Schools must not treat disabled pupils less favourably because of their disability. Discrimination can also occur when a disabled pupil is placed at substantial disadvantage because reasonable adjustments have not been made to account for their disability.

A disability discrimination claim may be made in the following circumstances. It is unlawful for a school to discriminate against a disabled pupil in relation to:

- admissions
- the provision of education
- access to any benefit, facility or service (this and provision of education covers all aspects of school life and the teaching of disabled pupils)
- exclusions
- any other detriment

Timescale

Please do not delay, as a claim should be received within **6 months** of the alleged discrimination. Your claim may be accepted even if it is lodged after this date, if the Tribunal thinks it is fair to do so. Where there is alleged conduct that has taken place over a period of time, the 6 month time limit may begin at the end of that period.

Please provide as much information as possible in the form. You may also provide letters or documents which support your claim.

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: Pupil and Parent Details

About the pupil

Full name:

Known as:

Date of Birth:

Gender: Male Female Non-binary

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

About you (parent and pupil)

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

Full name:

Relationship to the pupil:

Address:

Postcode:

Telephone:

Mobile:

Email:

 [Move to Section 2 >](#)

Section 2: Communication and other Support Needs/Disability

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 pupil 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.

Move to Section 3 >

Section 3: Representation

Representative

You have the right to have a representative when you make a claim. 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.

Independent advocate

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

If the pupil 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

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 (pupil)

If the pupil 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: Description of Disability

Please provide the following information in relation to the pupil, or the pupil's diagnosis, if there is one. A diagnosis of a condition is **not** needed to make a claim. The Equality Act 2010 says that a 'physical or mental impairment' is required.

Disability

Please tick which, if any, of the following apply.

Attention Deficit Hyperactive Disorder (ADHD)

Autistic spectrum

Dyscalculia

Dysgraphia

Dyslexia

Hearing impairment

Obsessive Compulsive Disorder (OCD)

Physical or motor impairment

Visual impairment

Mental health – please provide details in the box below.

Other type of disability – please provide details in the box below.

Continued on the next page >

The approximate date of the start of the pupil's condition(s) or impairment(s), if not present from birth.

A description of the pupil's condition(s) or impairment(s) which amounts to a disability or disabilities.

Any medication or treatment plan for the pupil.

Continued on the next page >

How the condition(s) or impairment(s) affect the pupil's ability to carry out normal day-to-day activities.

Any variability in the pupil's condition(s) or impairments.

You can send us medical information (for example, letters and reports) if this helps to describe the impact and extent of the condition(s) or impairment(s) on the pupil.

Move to Section 5 >

Section 5: My Claim

What is your claim about?

Please tick the boxes that apply:

Admission to school

Exclusion from school

Another issue to do with education

When did the alleged discrimination take place?

Please give the date or dates below. If you are unsure of the exact date(s) then please say that they are approximate. If the conduct or failure is ongoing then please provide the dates for the whole period of time concerned.

How did the alleged discrimination take place?

What happened?

Continued on the next page >

Where did it happen?

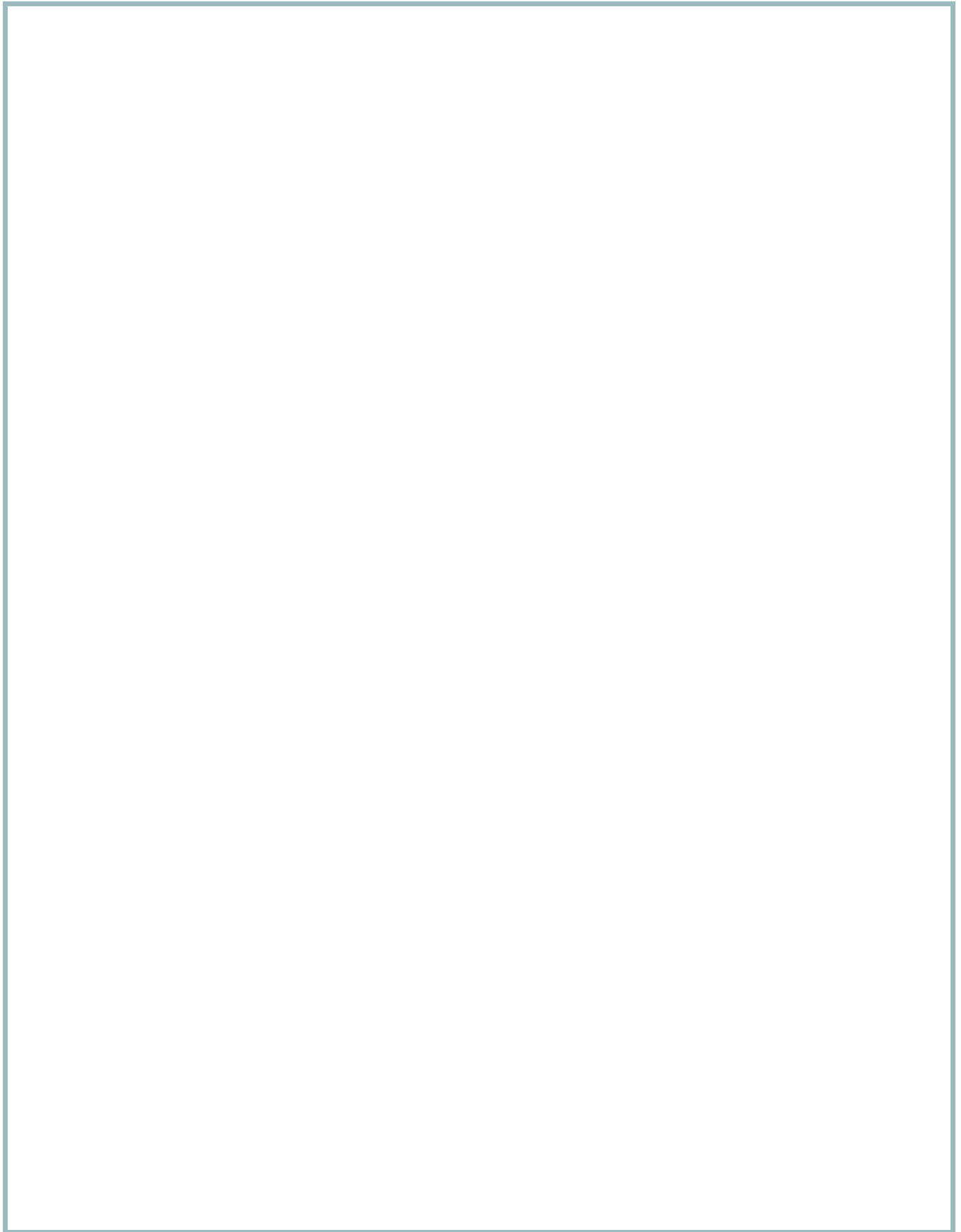
Why do you think the conduct is wrong?

State the names of the person(s) involved.

Why was the disability the reason for the alleged discrimination?

Continued on the next page >

Provide any additional information in relation to the claim here.



Continued on the next page >

School or education setting

Please give details of the school or education setting concerned.

Education Authority or School Management Board:

Address:

Postcode:

Telephone:

Email:

If your claim is time critical, for example, about a current exclusion or an upcoming school trip, please let us know if you would like to request a shorter Tribunal process and explain why.

Move to Section 6 >

Section 6: 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 claim, 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 pupil's views on the remedies you are seeking (if possible).

Move to Section 7 >

Section 7: Putting Things Right

The Tribunal has wide powers to make any order it thinks is appropriate. The Tribunal has no power to award money as compensation for any discrimination that may have taken place.

Some remedies that the Tribunal may order include:

- A statement that discrimination has occurred.
- A written apology.
- Training to be provided to school staff.
- Re-instatement in the school.

You can ask for another remedy that is not included in these examples.

The Tribunal may also decide that there is a more appropriate remedy and may direct that this be awarded as well as or instead of the one you are asking for.

Remedies

What remedies (outcome(s)) are you looking for?

Move to Section 8 >

Section 8: Supporting information

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

Move to Section 9 >

Section 9: 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 claim form?

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

Continued on next page >

You must also send a copy of your claim to the Equality and Human Rights Commission. You can do this by email to:
LegalRequestScotland@equalityhumanrights.com

Or by post to:
Equality and Human Rights Commission
140 West George Street
Glasgow G2 2HG

Remember

Send your claim to us within **six months** of the alleged discrimination taking place. If you have not been able to send your claim within this timeframe you can explain why it is late and you can set out your reasons why you think it is fair that your claim is considered, even if late.

What happens next?

We will check your claim form to see if the Tribunal can deal with the matters you have raised. If we need further information, we will contact you.

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

There is an information note on making a disability discrimination claim on the Health and Education Chamber website: <https://healthandeducationchamber.scot/additional-support-needs/59>

Further information:
Health and Education Chamber
Website: 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
