



PANEL DYFARNU CYMRU
ADJUDICATION PANEL FOR WALES

Witness Attendance Form

| | |
|------------------------------|--|
| Full Name | |
| Address (including Postcode) | |
| Telephone Number | |
| Email Address | |

Please give details of any access requirements or reasonable adjustments required to assist you to give your evidence (e.g. cannot manage stairs or need wheelchair access etc.)

You may be asked to give evidence on oath or affirmation. Please indicate a preference:

Oath Affirmation

If on oath, please confirm which religious book you will require in order to give evidence?

Please indicate whether you wish to give evidence in Welsh or English.

Welsh English

Please confirm that you are able to attend the tribunal on the given date.

Yes No

If you are unable to attend the tribunal please provide an explanation

Completed forms should be returned to:

Registrar to the Panel
Adjudication Panel for Wales
Welsh Tribunals Unit
PO Box 100
Llandrindod Wells
LD1 9BW

Telephone: 03000 259 805

E-mail: adjudication.panel@gov.wales

Website: <https://adjudicationpanel.gov.wales>