Reply to a Notice of Reference Form APW01 See Guidance Booklet APW02



Reply to a Notice of Reference

References from the Public Services Ombudsman for Wales

The Adjudication Panel for Wales welcomes correspondence and phone calls in Welsh and English. This includes submitting forms, documents and written representations to the Tribunal.

|  |  |
| --- | --- |
| 1. **Language Preference**
 |  |
| Would you prefer to correspond with us in: | Welsh [ ] English [ ] Both [ ]  |
| Would you prefer any verbal communication to be in: | Welsh [ ] English [ ] Both [ ]  |
| Would you prefer to speak Welsh or English at your Tribunal Hearing? | Welsh [ ] English [ ] Both [ ]  |
| 1. **Languages Spoken**
 |  |
| What languages do you use to communicate? (Please tick all that apply) | Welsh [ ] English [ ] Other (please state) [ ]  |
|  | Click or tap here to enter text. |

**Section 1**

Information about the member who is the subject of the alleged breach(es)

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Address (including Postcode) | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

**Section 2**

Representative Details

Are you going to be represented (e.g. by counsel, a solicitor or any other person)?

Yes [ ]  No [ ]

If yes, please provide details below.

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Profession | Click or tap here to enter text. |
| Address (including Postcode) | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

The Tribunal should deliver notices concerning the reference to the above representative instead of to me (this means the Tribunal will not contact you). [ ]

Do you or your representative have any access requirements? (E.g. cannot manage stairs or need wheelchair access). If so, please give details:

You:

|  |
| --- |
| Click or tap here to enter text.  |

Your representative:

|  |
| --- |
| Click or tap here to enter text. |

Do you or your representative have any other special needs? (E.g. need an interpreter, hearing assistance etc.). If so, please give details:

You:

|  |
| --- |
| Click or tap here to enter text. |

Your representative:

|  |
| --- |
| Click or tap here to enter text. |

You may be asked to give evidence on oath or affirmation. Please indicate your preference. Oath [ ]  Affirmation [ ]

Which religious book will you require in order to give evidence under oath?

|  |
| --- |
| Click or tap here to enter text. |

**Section 3**

The Tribunal Hearing

Do you wish for the tribunal to make its adjudication by way of written representations?

Yes [ ]  No [ ]

# If the answer is yes, please continue to Section 4

Are you or your representative planning to attend the tribunal hearing?

Yes [ ]  No [ ]

Are you intending to call any witnesses to support your case?

Yes [ ]  No [ ]

# If the answer is yes, please provide the information about the witnesses under Section 7 of this form.

Are there any witnesses (other than those detailed in **Section 7**) that you wish the tribunal to call in order that you may ask them questions? If so please give details below.

|  |
| --- |
| Click or tap here to enter text. |

# Please note that the tribunal does not have the power to summon the Public Services Ombudsman or a representative of the Ombudsman’s office.

# The Ombudsman or a representative may, however, attend the hearing in order to present the Ombudsman’s Report, to explain its contents and to play such part or to assist the tribunal as appropriate.

# Section 4

Your response to the material facts set out in the Public Services Ombudsman for Wales’ Report?

Please indicate by reference to numbers in the report, any paragraphs where you dispute the statement made by the Public Services Ombudsman for Wales and give your reasons and outline the facts as you consider them to be.

|  |  |  |
| --- | --- | --- |
| Section / paragraph No. | Your reason(s) for disputing the information provided in that section / paragraph. | Outline of the facts as you consider them to be. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Section / paragraph No. | Your reason(s) for disputing the information provided in that section / paragraph. | Outline of the facts as you consider them to be. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Section / paragraph No. | Your reason(s) for disputing the information provided in that section / paragraph. | Outline of the facts as you consider them to be. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Section / paragraph No. | Your reason(s) for disputing the information provided in that section / paragraph. | Outline of the facts as you consider them to be. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Please use a continuation sheet if necessary and include the section number on each page

Continuation sheet attached [ ]

**Section 5**

Has there been a failure to follow the provisions of the code of conduct?

The Public Services Ombudsman for Wales has set out in the report reasons why you may be regarded as having breached the provisions of the code of conduct. The tribunal will form its own view on whether there has been such a failure.

Please indicate by reference to the section/paragraph numbers in the report how, if at all, you disagree with the reasoning of the Ombudsman.

|  |  |
| --- | --- |
| Section / paragraph No. | Why I dispute the reasoning of the Public Services Ombudsman for Wales |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

Please use a continuation sheet if necessary and include the section number on each page

Continuation sheet attached [ ]

**Section 6**

Please set out below (using numbered points) any other reasons (not already covered under sections 4 to 5 above) why the tribunal should conclude that there has not been a failure to follow the provisions of the code of conduct.

|  |  |
| --- | --- |
| No. | Other reasons for finding that there has not been a failure to follow the provisions of the code of conduct e.g. public interest; freedom of expression; acting in a private capacity. |
| 1. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. |
| 3. | Click or tap here to enter text. |
| 4. | Click or tap here to enter text. |
| 5. | Click or tap here to enter text. |

Please use a continuation sheet if necessary and include the section number on each page

Continuation sheet attached [ ]

**Section 7**

Representations to be taken into account if the tribunal finds that you have breached the provisions of the code of conduct

Please set out using numbered points any factors you feel the tribunal should take into account if you are found to have failed to follow the provisions of the code of conduct. Please note that no such finding has yet been made.

|  |  |
| --- | --- |
| No. | Factors for the Case Tribunal to take into account in deciding whether to impose any suspension, partial suspension or disqualification |
| 1. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. |
| 3. | Click or tap here to enter text. |
| 4. | Click or tap here to enter text. |
| 5. | Click or tap here to enter text. |

Please use a continuation sheet if necessary and include the section number on each page.

Continuation sheet attached [ ]

**Section 8**

**Details of proposed witnesses to be called by the respondent Witness 1**

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Address (including Postcode) | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

Please give details of any access requirements or reasonable adjustments required to assist the witness to give their evidence (e.g. cannot manage stairs or need wheelchair access, need an interpreter or hearing assistance etc.)

|  |
| --- |
| Click or tap here to enter text. |

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

Oath [ ]  Affirmation [ ]

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

|  |
| --- |
| Click or tap here to enter text. |

Is the witness going to provide evidence about a material fact or give evidence about your character?

Material fact [ ]  Character [ ]

Please provide an outline of the evidence to be given.

|  |
| --- |
| Click or tap here to enter text. |

Will the witness be giving evidence in Welsh or English?

Welsh [ ]  English [ ]

**Witness 2**

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Address (including Postcode) | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

Please give details of any access requirements or reasonable adjustments required to assist the witness to give their evidence (e.g. cannot manage stairs or need wheelchair access, need an interpreter or hearing assistance etc.)

|  |
| --- |
| Click or tap here to enter text. |

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

Oath [ ]  Affirmation [ ]

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

|  |
| --- |
| Click or tap here to enter text. |

Is the witness going to provide evidence about a material fact or give evidence about your character?

Material fact [ ]  Character [ ]

Please provide an outline of the evidence to be given.

|  |
| --- |
| Click or tap here to enter text. |

Will the witness be giving evidence in Welsh or English?

Welsh [ ]  English [ ]

**Witness 3**

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Address (including Postcode) | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

Please give details of any access requirements or reasonable adjustments required to assist the witness to give their evidence (e.g. cannot manage stairs or need wheelchair access, need an interpreter or hearing assistance etc.)

|  |
| --- |
| Click or tap here to enter text. |

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

Oath [ ]  Affirmation [ ]

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

|  |
| --- |
| Click or tap here to enter text. |

Is the witness going to provide evidence about a material fact or give evidence about your character?

Material fact [ ]  Character [ ]

Please provide an outline of the evidence to be given.

|  |
| --- |
| Click or tap here to enter text. |

Will the witness be giving evidence in Welsh or English?

Welsh [ ]  English [ ]

**Section 9**

Statement of Truth (please tick the relevant statement)

[ ]  I believe that the facts stated in this statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Signature | Click or tap here to enter text. |

# OR

[ ]  I am duly authorised by the accused member to sign this statement and the accused member believes that the facts stated in this statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Name of respondent’s Solicitor/Agents firm, if applicable | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Signature | Click or tap here to enter text. |

**Completed forms should be returned to:**

Registrar to the Panel Adjudication Panel for Wales Welsh Tribunals Unit

PO Box 100

Llandrindod Wells LD1 9BW

**E-mail:** adjudication.panel@gov.wales