Notice of Appeal Form APW05 See Guidance Booklet APW06

Notice of Appeal

Appeal against the Decision of a Standards Committee

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 appealing the Decision of a Standards Committee

|  |  |
| --- | --- |
| 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 application to the above representative instead of to me.

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 9 of this form.

Are there any witnesses as to a material fact or character 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 is likely, 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 grounds for making the appeal

This section is intended to help you set out your grounds for appeal, as required under regulation 10(3) of the Local Government Investigations (Functions of Monitoring Officers and Standards Committees) (Wales) Regulations 2001 (SI 2001 No. 2281).

**Please note that it will also be considered by the President of the Adjudication Panel for Wales when deciding whether to give permission for your appeal to be heard by the tribunal, together with Sections 5 & 6.**

Do you dispute that you failed to comply with the provisions of the code of conduct as determined by the standards committee?

Yes  No

If yes please give your reasons below:

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

Do you wish to appeal against the sanction imposed by the standards committee?

Yes  No

If yes please give your reasons below:

|  |
| --- |
| 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

# Notice of Decision

Have you received a Notice of Decision from the Standards Committee?

Please provide the date the **Notice of Decision** was received, confirming if the notice was sent through e-mail or by post:

Date Click or tap to enter a date.

E-mail  Post

**Please attach a copy of the Notice of Decision when appealing as without it your application will not be considered until we are in receipt of the notice.**

# Section 5 - Response

## This section is intended to help you set out your response to the material facts or views about a breach of the Code of Conduct set out in the Public Services Ombudsman for Wales / Monitoring Officer’s Report / Standards Committee decision notice?

Please indicate by reference to numbers in the report / decision notice, any paragraphs where you dispute the statements made by the Public Services Ombudsman for Wales or the Monitoring Officer or the findings of the standards committee and give your reasons and outline the facts and position as you consider them to be.

|  |  |  |
| --- | --- | --- |
| Section / paragraph No. | Your reason(s) for disputing the information/views provided in that section / paragraph. | Outline of the facts or position as you consider them to be, together with brief description of evidence you can supply to support your position. |
| 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/views provided in that section  / paragraph. | Outline of the facts or position as you consider them to be, together with brief description of evidence you can supply to support your position. |
| 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. |

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| --- | --- | --- |
| Section / paragraph No. | Your reason(s) for disputing the information/views provided in that section  / paragraph. | Outline of the facts or position as you consider them to be, together with brief description of evidence you can supply to support your position. |
| 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 6 - Representations

In the report, the Public Services Ombudsman for Wales / the Monitoring Officer has set out the reasons why you may be deemed to have breached the provisions of the code of conduct. The tribunal will form its own opinion on that.

With reference to the sections/paragraph numbers in the report, please indicate in what way, if any, you disagree with the logic of the Ombudsman /Monitoring Officer.

|  |  |
| --- | --- |
| No. | Factors for the Appeal tribunal to take into account in deciding upon the appropriate  sanction |
| 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 also set out using numbered points any factors you feel the tribunal should take into account if you are found to have failed to follow/agree that you have failed the provisions of the code of conduct. Please note that no such finding has yet been made by the APW. You may wish to refer to the APW Sanctions Guidance which is available on the website, which deals with possible mitigation

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

Continuation sheet attached

**Section 7** – Details of proposed witnesses to be called by the appellant

**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 if known:

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 if known:

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 if known:

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 8**

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 Appellant to sign this statement and the Appellant 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 representative’s 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](mailto:adjudication.panel@gov.wales)