

Notice of application

(To be completed by, or on behalf of, the applicant)

References in the form to “the Tribunal” are references to the Welsh Language Tribunal and references to “the Commissioner” are references to the Welsh Language Commissioner. References to “the Measure” are references to the Welsh Language (Wales) Measure 2011.

# Please write clearly in BLACK ink and tick boxes where appropriate.

Note to those who wish to make an application

You are advised that any information that you provide to the Tribunal may be recorded in a decision document. All decisions made by the Tribunal are open to the public.

**1. Choice of Language**

Welsh Language Tribunal welcomes correspondence and phone calls in Welsh and English. This includes submitting forms, documents and written representations to the Tribunal.

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| --- | --- |
| 1. **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 [ ]   |
| **2. 2. 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. |
| 1. **3.** We would like to support the use of the Welsh language in Tribunals. If you can speak Welsh, and have indicated English as your language of choice, is there a specific reason why you have chosen to communicate in English?
 | (Your answer will not affect the substance of your case in any way)  |
| Click or tap here to enter text. |  |

**2. Information about you and your representative (if you have one)**

Your name (i.e. the name of the applicant – which may be the name of a body or individual):

Click or tap here to enter text.

Your address (including postcode):

Click or tap here to enter text.

Email address (if one is available):

Click or tap here to enter text.

Telephone Number (if one is available):

Click or tap here to enter text.

**Have you appointed a representative for the purpose of the application?**

(If you have, give the information requested below)

The name of the representative (and, in the case of firm, the name of the individual dealing with the matter):

Click or tap here to enter text.

Representative’s address (including postcode):

Click or tap here to enter text.

Representative’s email address (if one is available):

Click or tap here to enter text.

Representative’s telephone number (if one is available):

Click or tap here to enter text.

To what address/email address should the Tribunal send notices and other documents on your behalf? (The Tribunal will normally communicate by email whenever possible.)

Click or tap here to enter text.

**3. The Decision you wish to appeal against (or challenge)**

# Tick the box which describes the nature of your application:

|  |  |  |
| --- | --- | --- |
| **3a** | A determination by the Commissioner that the requirement to comply with a standard (or to comply with a standard in a particular respect) is not unreasonable or disproportionate; (section 58 of the Measure) | [ ]  |
| **3b** | A determination by the Commissioner that there has been a failure to comply with a standard; (section 95(2) of the Measure) |[ ]
| **3c** | Enforcement action that the Commissioner has decided to take; (section 95(4) of the Measure) |[ ]
| **3d** | A determination by the Commissioner that there has not been a failure to comply with a standard; (section 99(2) of the Measure) |[ ]
| **3e** | A decision by the Commissioner not to conduct an investigation into a complaint (or to terminate an investigation); (section 103 of the Measure) |[ ]

On what date did you (that is, the applicant) receive written confirmation of the decision of the Commissioner to which this application relates?

Click or tap to enter a date.

What are your reasons for making the application? You can provide these reasons in a separate document if necessary.

(If you wish to make an application under section 103 of the Measure, the Tribunal will first consider whether to give you permission to do so. That consideration may be based on the reasons you have given here. You can provide these reasons in a separate document if necessary.)

Click or tap here to enter text.

If your application succeeds, what result are you (that is, the applicant) seeking?

(Normally, the only power which the Tribunal has is to affirm or annul the Commissioner’s decision. But in the case of an appeal under section 95(4) of the Measure, the Tribunal may vary the enforcement action. If you wish to argue for different enforcement action from that decided on by the Commissioner, you should note that different action here.)

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

Normally, your application must be received within the period of 28 days beginning with the day on which the Commissioner gave written notice of the decision which is being appealed or challenged. But the Tribunal has the power to extend that period, in accordance with Rule 14, if there is good reason. Are you (the applicant) asking the Tribunal to do so?

|  |
| --- |
| a) Yes [ ]  |
| b) No [ ]  |
|  |

If you are asking the Tribunal to extend the period of 28 days, give the reasons which, in your view, justify the Tribunal (in accordance with Rule 14) doing so**.**

(You can provide these reasons in a separate document if necessary.)

Click or tap here to enter text.

|  |  |
| --- | --- |
| 1. A copy of the Commissioners written notice of the decision to which this application relates.
 | Attached [ ]  |
| 1. A copy of your initial complaint to the Commissioner if relevant.
 | Attached [ ]  |
| 1. All other relevant correspondence between you and the Commissioner.
 | Attached [ ]  |

The Tribunal will not be able to consider your application unless all the relevant documentation is included.

 **4. Signatures**

|  |  |
| --- | --- |
| Signed: | Click or tap here to enter text. |
| Name (IN CAPITALS): | Click or tap here to enter text. |
| Dated:  | Click or tap to enter a date. |

This document must be signed above by the applicant or by the applicant’s representative if there is one. If it is sent to the Tribunal electronically, a printed form of signature is acceptable.

# Please send the completed application form and specified documents:

By e-mail – tyg@gov.wales

Or in hard copy to:

The Welsh Language Tribunal Oak House

Cleppa Park

Celtic Springs

Newport

NP10 8BD

Phone – 03000 256702

Please contact the Tribunal if you have any questions about how to fill in this form or the procedures the Tribunal will use.