

Tribiwnlys Adolygu  
Iechyd Meddwl Cymru

Mental Health Review  
Tribunal for Wales

## Tribunal Attendance Form

Please write clearly in BLACK ink.

You need to let us know who will be coming to the hearing. If you do not fill in and return this form by the date we ask for it, there may be someone that you wish to bring with you for support who may not be able to come to the hearing. (You need not include details of the members of your care team).

This application form is also available in Welsh

### Section 1 – Your details or Nearest Relative Details (as applicable)

Your Name:

Address (including postcode):

Application Number:

TR

Date you are  
returning this form:

Will you be attending the hearing:

Yes

No

Please indicate your language  
preference:

Welsh

English

Other

If you need us to arrange for an interpreter or signer, please tick this box.

Please give more detail, including which  
language you need:

## Section 2 – Representative (or person helping you)

If you are being represented at the hearing, or someone is helping you, please give details:

Name:

Profession:

Address (including postcode):

Telephone:

Mobile:

Email address:

The person will be my:

Representative

Helper

Is the representative legally qualified:

Yes

No

Please tick if your representative wishes to speak:

Welsh

English

Other?

If Other please state

## Section 3 – Advocate

If you would like someone to come to the hearing to communicate your views and wishes, please give details:

Name:

Profession:

Address (including postcode):

Please tick if your representative wishes to speak:

Welsh

English

Other?

If Other please state

## Section 4 – Hearing requirements

If anyone you are bringing to the hearing has a disability, or has any other needs that may affect our arrangement of the hearing, please let us know

Please give **name** and any special requirements:

Please give **name** and any special requirements:

## Section 5 – The Tribunal’s Decision

If you would like the Tribunal to provide a translated decision or a copy in Braille, please set out your request in the box below. If you ask for the decision to be in any format, other than Welsh or English, this is likely to delay issuing the decision.

## Section 6 - Signature

Signed: \_\_\_\_\_

Name: (IN CAPITALS) \_\_\_\_\_

Date: \_\_\_\_\_

**Please make sure that you return this form by the date we have asked you to return it.**

**Important:**

- **Forms received by email must contain the electronic signature of the person completing the form or their representative.**
- **If you want to change any of the people you have named on this form you must let us know in writing straight away.**
- **A person named as a witness on your attendance form may be changed by sending written notification of the change to us so that it is received no later than 5 working days before the hearing.**
- **Any application to change a witness made less than 5 working days before the hearing must be determined by the Tribunal President or tribunal panel.**

Please send the application to us at:

Mental Health Review Tribunal for Wales  
2<sup>nd</sup> Floor, Crown Buildings  
Cathays Park  
Cardiff, CF10 3NQ

If you need to contact us by telephone our number is: 0300 025 5328  
Our fax number is: 0300 025 7331  
Email: [mhrt@wales.gsi.gov.uk](mailto:mhrt@wales.gsi.gov.uk)

The Mental Health Review Tribunal for Wales welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

You may submit forms, documents and make written representations to the tribunal in Welsh or English.