

ACCESSIBILITY FORM

Please complete and return this form as soon as possible if you have any specific requirements for attendance at, and participation in, a Hearing of the Upper Tribunal for Scotland. Hearings can be held by video conference, in-person and by telephone, and you will be advised of the hearing type accordingly.

The information you supply on this form will only be used by the Tribunal administration to ensure inclusive provision of tribunal services, and we will handle it in line with our Privacy Note.

Once you have completed this form, you can send it to us.

By email to:

UpperTribunalforScotland@scotcourtstribunals.gov.uk

Or, alternatively by post to: Upper Tribunal for Scotland Glasgow Tribunals Centre 20 York Street Glasgow G2 8GT

1. PARTICIPATION IN THE VIDEO HEARING

The Tribunal aims to provide an inclusive environment at all tribunal proceedings.

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Please list here any requirements you may have that will assist you to participate fully in the vide hearing. Examples of such requirements are enabling captions on the video call, providi interpretation or signing services, or setting up the hearing to allow the current speaker to be view in a larger window to assist with lip-reading.

2. IN-PERSON HEARINGS

(a) ATTENDANCE AT THE HEARING VENUE
The Tribunal aims to use accessible buildings to host all tribunal hearings, and we carry out assessments of all venues each time they are used to ensure these standards continue to be met.
Please list here any inclusive design elements the venue should provide to enable you to attend on the day. Examples of inclusive design are level access to the main building entrance; and provision of lifts/ramps/stairs to allow access to upper or lower floors:
(b) PARTICIPATION IN THE HEARING
The Tribunal aims to provide an inclusive environment at all tribunal proceedings.
Please list here any requirements you may have that will assist you to participate fully in the case management discussion/hearing. Examples of such requirements are induction loops for users of hearing aids; and provision of interpretation or signing services:
3. YOUR DETAILS
Name:
Contact Telephone Number:
Case Reference Number (if we have provided you with one):
Date:
Signature: