**Form 14: Notice of acceptance of award and waiver**

**CERVICALCHECK TRIBUNAL**

**NOTICE OF ACCEPTANCE OF AWARD AND WAIVER**

**Claim record no.:**

**[1st]\* Claimant**

Full name: ……………………………………………………….. *\*(add “and others” where there is more than one claimant)*

**[1st]\* Respondent**

Full name: ………………………………………………………..*\*(add “and others” where there is more than one respondent)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TAKE NOTICE** that I accept the award in the amount of €…………. \*(plus costs to be taxed in default of agreement) made in the above-entitled Tribunal proceedings by the CervicalCheck Tribunal on …………of………….….20…

**AND TAKE NOTICE THAT** I hereby waive any right of action which I may otherwise have had or maintained against any other relevant party or parties (within the meaning of section [2] of the CervicalCheck Tribunal Act 2019) to the claim concerned in respect of the circumstances of the claim before the CervicalCheck Tribunal.

Dated: ………………………………………………………

Signed: ……………………………………………………..

[Print name]: ……………………………………………….

Claimant /Solicitor(s) for Claimant

In the presence of

Witness: ……………………………………………………..

[Print name and address]: …………………………………

To: Registrar

CervicalCheck Tribunal at…………………………………

And to: ………………..of …………………………………., respondent

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**