**Form 2: Agreement/refusal of respondent to submit claim to Tribunal**

**CERVICALCHECK TRIBUNAL**

**\*AGREEMENT/\*REFUSAL OF RESPONDENT TO SUBMIT CLAIM TO TRIBUNAL**

**NB: Where the Claim Form has been issued and served on you, you must complete this form and lodge it in the Tribunal Office (and send a copy to the claimant) within [21] days after the Claim Form is issued**

**Claim record no.:**

**[1st]\* Claimant**

Full name: ……………………………………………………………………………………

*\* Where there is more than one claimant, the name of each further claimant (numbered 2nd Claimant, 3rd Claimant etc.) should be set out in the same manner immediately following the name of the 1st claimant.*

**[1st]\* Respondent**

Full name: ……………………………………………………………………………………

*\* Where there is more than one respondent, the name of each further respondent (numbered 2nd Respondent, 3rd Respondent etc.) should be set out in the same manner immediately following the name of the 1st respondent.*

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

\*I / We the respondent(s) agree to the determination by the CervicalCheck Tribunal of the claim set out at sections 3 and 4 of Claim Form of the above claimant.

OR

\*I / We the respondent(s) refuse to agree to the determination by the CervicalCheck Tribunal of the claim set out at sections 3 and 4 of Claim Form of the above claimant.

\**strike out whichever option does not apply*

Dated: ……………………………….………….

Signed: ………………………………………….

[Print name]: ……………………………………

Respondent /Solicitor(s) for [1st] respondent

*\*Add an additional signature block for each additional respondent*

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

To: ………………..of …………………………………., claimant

To: Registrar

CervicalCheck Tribunal at………………………….

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