**Form 7: Agreement/refusal of third party to submit claim to Tribunal**

**CERVICALCHECK TRIBUNAL**

**AGREEMENT/REFUSAL OF THIRD PARTY TO SUBMIT CLAIM TO TRIBUNAL**

**Claim record no.:**

**NB: You must complete this form and lodge it in the Tribunal Office (and send a copy to all of the parties within 28 days after the Third Party Notice is served on you)**

**[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.*

**[1st]\* Third party**

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

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

\*I / We, ……………..of ……………., having been served with a third party notice dated ……of………….20…, consent to having all issues arising in this claim determined by the Tribunal in accordance with section 15 of the CervicalCheck Tribunal Act 2019, and I/we understand that by so consenting the claim will proceed before the Tribunal, and that if I/we do not consent to having all issues arising in the claim so determined by the Tribunal, the Tribunal shall not continue to hear and determine the claim**.**

**OR**

\* I / We, ……………..of ……………., having been served with a third party notice dated ……of………….20…, refuse to consent to having all issues arising in this claim determined by the Tribunal in accordance with section 15 of the CervicalCheck Tribunal Act 2019. I/we understand that by refusing such consent, the Tribunal shall not continue to hear and determine the claim.

\**strike out whichever option does not apply*

Dated: …………………………………………..

Signed: ………………………………………….

[Print name]: ……………………………………

Third Party /Solicitor(s) for third party

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

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

To: ………………..of …………………………………., respondent

To: Registrar

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