

CASEFORM

FOR MEMBERS STEWARDS BRANCHES & REGIONS



Revised July 2013

UNISON

FOR REGIONAL OFFICE USE ONLY

Conditions for providing assistance

- UNISON seeks to ensure that members are provided with the best possible advice and assistance to achieve a satisfactory outcome to matters of grievance and discipline. UNISON will determine the most appropriate representative for your case. This may mean reallocating the case at a later stage and you will be informed of any such decision.
- UNISON representatives and members are expected under UNISON rule to treat one another with respect. Failure to do so by a UNISON representative will entitle you to make a complaint in accordance with UNISON's Complaints Procedure [<http://www.unison.org.uk/acrobat/B3013.pdf>]. Failure by you to treat your representative with respect may lead to support being withdrawn from you.
- At all times, action taken on your behalf will be on the basis of agreement reached between you and your representative about the best way UNISON can assist you. Throughout the procedure you will be kept informed and no decision will be made without first consulting you. You are free not to accept the advice of your UNISON representative, and to proceed without UNISON assistance.
- The fee advance agreement must be signed if there is a potential legal claim identified. UNISON supports claims to an Employment Tribunal, where a legal claim has been assessed as having reasonable prospects of success by our solicitors.
- UNISON representation is provided on the understanding that UNISON is your sole representative. UNISON cannot be held responsible for any costs or expense incurred if you have opted out from UNISON assistance or if UNISON representation has been withdrawn. Nor will UNISON be responsible for providing assistance in respect of any appeal or higher level hearing against a decision arising from representations made after you have opted out from UNISON assistance or after UNISON assistance has been withdrawn.
- You are expected to cooperate with your representative by being honest and frank about any allegation against you and in respect of any grievance you have. Your representative can only assist you if in possession of the full facts. Failure to cooperate can lead to UNISON support being withdrawn.
- You must notify your representative immediately if your circumstances change or if any new information comes to light regarding your case.
- You must ensure that your personal and financial information is accurate and up to date at the time. If you have given information which is misleading UNISON have the right to withdraw support.
- In the event of UNISON support being withdrawn you have the right to appeal, to your branch secretary in the first instance unless notified otherwise.
- You must remain a member of UNISON throughout any period during which UNISON is providing advice and assistance to you. This means that if you are unemployed by reason of dismissal or redundancy you must pay a UNISON subscription at the Unemployed Member's rate; if you gain new employment within or outside of the areas of UNISON organisation you must maintain a UNISON subscription according to your earnings band as set out in Schedule A of the UNISON Rule book.
- UNISON reserves the right to use the details of your case and outcome in publicity, case study or learning materials, subject to your name only being used with your permission.

Notes to help you complete this form

Please read the following notes before completing the Case Form. Answering all of the questions now will ensure that the UNISON representative has enough information to advise and assist, and will avoid any delays. The completed Case Form will also help UNISON monitor casework support to members and if need be, decide if there is a legal claim.

To the member

In all cases you must complete sections 1 – 14.

It is essential that all these sections are completed. All the information requested should be readily known to you, or is shown on your pay slip. If you have any difficulty in answering any of the questions, your UNISON steward should be able to assist you.

Section 4 If you have a disability which may impact on the way in which a UNISON representative would assist you, and you can identify specific needs (for example palantype, large print, or mobility needs for meetings) please indicate. We need to know if you have a partner and children in order to complete the financial information in 7 below.

Section 5 If you identify with UNISON's self-organisation and have a colleague who you would like to accompany you to meetings with your UNISON representative or with the employer, please give details.

Section 7 must be completed. If an Employment Tribunal claim needs to be made and you are on benefits or low income, a fee will not have to be paid but you will have to complete a form known as an application for a fee remission. You must also provide the supporting documents in Section C. If the information is incomplete an application for fee remission may be rejected.

Sections 8-9 should only be completed if they are relevant to your case.

Section 13 Please read the following notes before signing the declaration.

Section 14 Fee Advance Agreement

Please read the notes *Conditions for providing assistance* before signing this section. You should only sign this section if you agree to all the terms in relation to the fee advance. You should hand the original to your representative and ask that you be given a copy. You should keep this in a safe place for future reference. It is an agreement between you and UNISON.

When you have completed the form pass this form to your UNISON workplace representative. If there is no UNISON representative at your workplace, send the form to your branch secretary. UNISONdirect will give you the name and address of your branch secretary – phone 0845 355 0845.

Please note the *Conditions for providing assistance* on the back page of this form. You should only sign the declaration in section 13 if you agree to all of these conditions. If you know the name and contact details for your representative, then you may detach the conditions page for your future reference; otherwise leave the page attached to the form and it will be returned to you by the representative who will deal with your case.

To the workplace representative

- Ensure that the member has completed *all* relevant sections 1-14, assisting the member where necessary – if needed, you can contact the Member Records staff at your branch or regional office for information.
- Explain to the member that the financial information will be treated confidentially and will be necessary if an Employment Tribunal claim has been assessed as having reasonable prospects of success.
- In addition, you must complete sections 13-16.
- If more than one member is involved, all members will need to complete relevant section 1-14 of a Case Form and you should note on each form the name and workplace of the other members who have a similar claim.
- If the form has been forwarded to you complete, enter your contact details in the box on the tear-off slip at the back and return that section of the form to the member without delay.
- If you should need to refer the case to a more experienced

Sections of the form need to be completed by either the member or the steward assisting the member. Other sections must be completed by the steward, and by a senior branch officer or the branch secretary. If assistance is needed from a regional officer, it is essential that all sections of the Case Form have been completed before it is forwarded to the regional office.

UNISON representative or your branch secretary, please ensure you forward this Case Form, with copies of all documents and correspondence, and a summary of the actions you have taken.

To the branch secretary

- If this form has come to you because the member has no workplace representative, please allocate a representative and enter that representative's name and contact details on the tear-off slip at the back of the form, and return that section to the member without delay.
- If you are seeking assistance from the region, please ensure that all sections of this form are completed and sent to the regional office together with copies of any documents and correspondence which could assist – an incomplete form is likely to be returned to you, causing unnecessary delay in the member's case.
- You must complete sections 18-22.
- If you think this case may involve an application to an employment tribunal, you must complete section 19 [the section on legal claims] and ensure that the member has signed the fee advance agreement in section 14 before forwarding this Case Form and relevant information to the regional office immediately.
- If the time limit for bringing an Employment Tribunal claim is less than 28 days away, you must contact the Organiser/ Case Unit immediately and mark the form 'Urgent assistance required'. You must inform the member that an Employment Tribunal claim will only be lodged in exceptional circumstances.
- Please sign the form to confirm that all details on the form are correct and that the member is up to date with UNISON contributions.

6 Member employment details

Job title/occupation				Payroll Number			
Employment commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	Employment ended	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Casual	<input type="checkbox"/>	Fixed Term Contract	<input type="checkbox"/>
Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Job share	<input type="checkbox"/>		
Basic hours per week	<input type="text"/>	Basic wage per week	£ <input type="text"/>	OR	Basic salary per month	£ <input type="text"/>	
Average take home pay per week	£ <input type="text"/>	Average take home pay per month	£ <input type="text"/>	Other bonuses or benefits per week	£ <input type="text"/>	Other bonuses or benefits per month	£ <input type="text"/>
Employer Head Office Name							
Address 1							
Address 2							
Address 3				Postcode			
Workplace Name							
Address 1							
Address 2							
Address 3				Postcode			

7 Member financial information

This information is necessary if a claim to an Employment Tribunal is to be made later and will help to decide if a fee has to be paid.

Section A - Benefits

Income Based JSA Income Support Pension Credit Guarantee Universal Credit
Scottish Civil Legal Aid Income Related Employment and Support Allowance Working Tax Credit

Are you in receipt of Child Tax Credit? yes no (please tick box)

Have you attached a copy of a letter from the Job Centre/Department for Work and Pensions (DWP) Her Majesty's Revenue and Customs (HMRC) confirming the benefit(s) you receive?

yes no (please tick box)

Is the letter is more than a month old: yes no (please tick box)

(If you are not in receipt of any of the above benefits but have applied for one of them please go to Section B)

Section B - Gross Annual Income

Gross annual income (before Tax and NI deductions). This is on your pay slip.

Yourself £ Your partner £

Income from property eg, rent £ Income from shares or stocks £

Income from Pensions £ Child benefit £

Any other income £ Income from those who live with you £

Are you in receipt of benefit not listed in Box A above?

Please state the benefit and the amount you receive (eg, housing benefit £50.00 per month) £

Section C - Net monthly income

Net monthly income – (after Tax and NI deductions). This is on your pay slip

Yourself £ Your partner £
 Income from property eg, rent £ Income from shares or stocks £
 Income from Pensions £ Child benefit £
 Any other income Income from those who live with you

Net monthly expenses

Mortgage/rent or board £ per month
 General living expenses £ per month
 Child care expenses £ per month
 Child Maintenance £ per month
 Payment under a Court Order £

Have you enclosed?

1. Your last 3 months bank statements	2. Your last 3 months pay slips (not more than 4 months old)
For you <input type="checkbox"/> yes <input type="checkbox"/> no	For you <input type="checkbox"/> yes <input type="checkbox"/> no
For your partner <input type="checkbox"/> yes <input type="checkbox"/> no	For your partner <input type="checkbox"/> yes <input type="checkbox"/> no
3. If self employed most recent Tax Returns	4. Self assessment calculation
For you <input type="checkbox"/> yes <input type="checkbox"/> no	For you <input type="checkbox"/> yes <input type="checkbox"/> no
For your partner <input type="checkbox"/> yes <input type="checkbox"/> no	For your partner <input type="checkbox"/> yes <input type="checkbox"/> no
5. Pension statement	6. Child benefit award notice or letter
For you <input type="checkbox"/> yes <input type="checkbox"/> no	For you <input type="checkbox"/> yes <input type="checkbox"/> no
For your partner <input type="checkbox"/> yes <input type="checkbox"/> no	For your partner <input type="checkbox"/> yes <input type="checkbox"/> no
7. Rent statement/invoice/tenancy agreement	8. Stocks /shares docs/certificate
For you <input type="checkbox"/> yes <input type="checkbox"/> no	For you <input type="checkbox"/> yes <input type="checkbox"/> no
For your partner <input type="checkbox"/> yes <input type="checkbox"/> no	For your partner <input type="checkbox"/> yes <input type="checkbox"/> no
9. Official letter showing child maintenance statement	
For you <input type="checkbox"/> yes <input type="checkbox"/> no	For you <input type="checkbox"/> yes <input type="checkbox"/> no
For your partner <input type="checkbox"/> yes <input type="checkbox"/> no	For your partner <input type="checkbox"/> yes <input type="checkbox"/> no
10. Any other documents (e.g from those living with you)	
For you <input type="checkbox"/> yes <input type="checkbox"/> no	For you <input type="checkbox"/> yes <input type="checkbox"/> no
For your partner <input type="checkbox"/> yes <input type="checkbox"/> no	For your partner <input type="checkbox"/> yes <input type="checkbox"/> no

8 Fitness to practice

(Please complete if member has been reported to their professional body)

Name of registration body

Professional registration PIN number

14 Fee Advance

I, confirm that:

I have been granted Legal Assistance by the Union. I understand and accept that the Union is authorised to advance Employment Tribunal fees to me on the terms set out below.

I agree:

1. To accept advances from the Union equal to the Employment Tribunal fees in my case in the event that my application for a fee remission is rejected.
2. That these amounts are repayable by me in the event that my Employment Tribunal claim or part of it succeeds to any extent, whether by settlement, compromise agreement, Judgment or otherwise. I, therefore, agree and authorise that all sums recovered in my case will be held by the Union (or the Union Solicitors) to retain (or repay to the Union) the sums advanced and pay the balance to me. I understand that the Union has instructed its solicitors to take all possible steps to recoup these amounts from the defendants and that it also has a discretion to waive all or part of the repayment where it considers appropriate.
3. That I have complied with the Union's Conditions of Legal Assistance and will continue to do so. I understand that the amounts accepted under 1 above are repayable by me immediately in the event that Legal assistance is withdrawn following any failure by me to comply with the Conditions of Legal Assistance.

I acknowledge that the Employment Tribunal fees remain my personal liability and that the amounts referred to will be paid direct to the Employment Tribunal on my behalf.

Signature of member

Date of member's signature

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15 Workplace representative's details (i.e. person handling the case)

Membership Number								Title	
First Name					Mid Initial(s)	Surname			
Address 1									
Address 2									
Town/City									
County									
Postcode					Position held in branch				

16 Employer contact - details of manager you have been dealing with

Name									
Address line 1									
Address line 2									
Town/City									
County									
Postcode					Telephone Number				

17 Details of action taken

If the member's complaint is a grievance matter, please confirm whether the member's complaint has been put in writing to the employer. If not, please explain the reason for not doing so. Otherwise please enter the date of the letter to the employer and attach a copy to this form.

Date of letter

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If the member has been disciplined by the employer, please confirm whether the member has lodged an appeal in writing to the employer. If not, please explain the reason for not doing so. Otherwise please enter the date of the letter to the employer and attach a copy to this form.

Date of letter

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18 Branch details

Branch Number/Code

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Service Group

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Branch Name

Address 1

Address 2

Town/City

County

Postcode

Telephone Number

19 Is there a legal claim?

If YES please give the date of the incident and tick one of the options below:

- | | | |
|--|--|--|
| Breach of contract <input type="checkbox"/> | Unlawful deduction from wages <input type="checkbox"/> | Date: |
| Unfair dismissal <input type="checkbox"/> | Redundancy <input type="checkbox"/> | Holiday pay <input type="checkbox"/> |
| Maternity/pregnancy <input type="checkbox"/> | TUPE <input type="checkbox"/> | Discrimination <input type="checkbox"/> |
| Protective award <input type="checkbox"/> | | Trade union detriment <input type="checkbox"/> |
| Any other (please state) | | |

If you ticked discrimination please state the protected characteristic:

- | | |
|--|--|
| Age <input type="checkbox"/> | Disability <input type="checkbox"/> |
| Gender reassignment <input type="checkbox"/> | Maternity/pregnancy <input type="checkbox"/> |
| Race <input type="checkbox"/> | Religion or belief <input type="checkbox"/> |
| Sex <input type="checkbox"/> | Sexual orientation <input type="checkbox"/> |

Please give a brief description of the incident which took place (continue on a separate sheet if necessary).

20 Action taken by branch secretary and regional assistance required

Please state what action you have taken on behalf of the member, what further action you think is needed; give the dates of any forthcoming meetings or hearings. Please attach copies of any relevant correspondence.

21 Check List

Has the member completed Sections 1:14

Yes No

If a legal claim has been identified, has this been discussed with the Organiser/Case Unit?

Yes No

Have you explained the declaration?

Yes No

Have you explained the fee advance agreement and has the member signed it?

Yes No

Are the following documents attached?

Contract of employment Dismissal letter Appeal letter

Grievance letter Disciplinary procedure Redundancy procedure

Redeployment procedure Grievance procedure Sickness absence

Disability discrimination policy Any other

Incomplete information will lead to delays and may mean the member loses the opportunity to lodge an Employment Tribunal claim.

22 Branch secretary authorisation

Name

Signature Date of branch secretary's signature
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FILE NUMBER FOR REGIONAL OFFICE USE ONLY

CASE TYPE **SUB TYPE**

To be returned to, and retained by, the member

Your case has now been referred to the UNISON representative whose name and contact details are recorded below. Assistance will be provided in accordance with UNISON's scheme for representing members and the conditions outlined overleaf.

If, following your initial discussions, it is agreed that the representative will act on your behalf, any action will normally be done in consultation with yourself. Your representative should keep you routinely informed of any developments, and you should note short periods of non-communication may simply mean that your representative is waiting for someone (for example an employer, a witness) to respond to a letter or message. Please respect that most lay officers are doing a voluntary job in their own time. However, if necessary, please feel free to contact your representative to avoid undue stress to yourself.

<p>The name of your UNISON representative is:</p> <hr/> <hr/>
<p>Contact details:</p> <p>work tel:</p> <hr/>
<p>mobile:</p> <hr/>
<p>home tel:</p> <hr/>
<p>email:</p> <hr/>
<p>address:</p> <hr/> <hr/> <hr/> <hr/> <hr/>

COMPLETE THIS SECTION - TEAR OFF HERE AND RETURN TO MEMBER

UNISON

