



HOLIDAY PAY CASE FORM

FOR MEMBERS REPRESENTATIVES BRANCHES & REGIONS

UNISON

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.

Sections of the form need to be completed by either the member or the representative assisting the member. Other sections must be completed by the representative, and by a senior branch officer or the branch secretary.

If assistance is needed from an organiser, it is essential that all sections of the Case Form have been completed before it is forwarded to the regional office.

A Conditions for providing assistance

1. 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.
2. 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: https://www.unison.org.uk/upload/sharepoint/Policies/COMPLAINTS_PROCEDURE.pdf. Failure by you to treat your representative with respect may lead to support being withdrawn from you.
3. 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. Should you decide at any point not to accept the advice of your UNISON representative then you are free to proceed without UNISON assistance. Please inform UNISON if you no longer require UNISON's assistance in these circumstances.
4. The fee advance and Early Conciliation agreement must be signed if a potential legal claim is identified. UNISON supports claims to an Employment Tribunal, where a legal claim has been assessed by our solicitors as having reasonable prospects of success.
5. Until UNISON or its solicitors confirms in writing that it is acting for you in a legal claim, any responsibility for lodging a claim in an Employment Tribunal or Court (including County Courts, Sheriff Courts and appeal Courts) is yours alone.
6. 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.
7. 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 they are in possession of the full facts. Failure to cooperate can lead to UNISON support being withdrawn.
8. You must notify your representative immediately if your circumstances change or if any new information comes to light regarding your case.
9. You must ensure that your personal and financial information is accurate and up to date at the time that you apply for assistance. If you have given information which is misleading UNISON have the right to withdraw support.
10. 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.
11. 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.
12. 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.

B To the member

1. **Section 9 Fee Advance and Early Conciliation 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 and early conciliation. 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 a binding agreement between you and UNISON.
2. **Section 10 Declarations:** please sign if you agree to all the terms in this agreement between you and UNISON.
3. **Please note the Conditions for providing assistance at A above.** You should only sign the declaration in section 10 if you agree to all of these conditions.
4. Please make a copy of the CASE form for your records or ask your workplace representative to make a copy for you.

1 Membership details

Membership Number

Please give the date you joined

2 Member's correspondence details

Title	First Name	Initial(s)	Surname
-------	------------	------------	---------

Address 1

Address 2

Town/City

County	Postcode
--------	----------

3 Member contact details

Home telephone number	Work telephone number
-----------------------	-----------------------

Mobile telephone number	Work extension number
-------------------------	-----------------------

Home email address	Work email address
--------------------	--------------------

Voice/Text number

4 Member personal details

Date of birth

National Insurance Number

Gender (M/F)

5 Member employment details

Job title/occupation	Payroll Number
----------------------	----------------

Employment commenced

Employment ended

Permanent

Temporary

Casual

Fixed Term Contract

Full-time

Part-time

Job share

Basic hours per week

Basic wage per week

OR Basic salary per month

Average take home pay per week

Average take home pay per month

Other bonuses or benefits per week

Other bonuses or benefits per month

Employer

Address 1

Address 2

Address 3	Postcode
-----------	----------

Workplace Name

Address 1

Address 2

Address 3	Postcode
-----------	----------

7 Other actions?

a) Has anyone other than UNISON advised or acted on your behalf? Yes* No (please tick one box)

**If Yes to a) please give name and organisation of who has advised/acted and give brief details of advice given or action(s) taken*

Name

Action taken

b) Have you or anyone other than UNISON triggered the ACAS Early Conciliation procedure? Yes** No (please tick one box)

c) **If Yes to b) when did you trigger ACAS Early Conciliation? Date ||

d) **If Yes to b) have you received an ACAS Early Conciliation certificate? Yes*** No (please tick one box)

e) ***If Yes to d) when did you receive the ACAS Early Conciliation certificate? Date ||

8 Is there anyone else with a similar claim?

Is there anyone else with a similar claim? Yes No (please tick one box)

9 Fee Advance and Early Conciliation Agreement

Please note that this section of the form must be completed by members in England, Scotland and Wales.

It does not apply to members in Northern Ireland.

I confirm that should I be 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:

- 9.1 To accept advances from the Union equal to the Employment Tribunal fees in my case in the event that I am not eligible to make an application for a fee remission or it is rejected.
- 9.2 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.
- 9.3 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 9.1 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.
- 9.4 That I have not triggered the ACAS Early Conciliation procedure, and I understand that it is a condition of my representation that I do not trigger the ACAS Early Conciliation procedure*.
- 9.5 I authorise UNISON to make representations on my behalf to ACAS under the Early Conciliation scheme. When UNISON triggers the ACAS Early Conciliation procedure, and ACAS call me, I will inform them that they should speak to the person from UNISON named in the letter to me from UNISON, normally my organiser.

I acknowledge the conditions above and that the Employment Tribunal fees remain my personal liability and that the Employment Tribunal fee advance will be paid direct to the Employment Tribunal on my behalf.

Signature of member

Date of member's signature

--	--	--	--	--	--

**If ACAS Early Conciliation has been triggered, the branch must contact the organiser for advice on how to proceed.*

10 Declarations

I confirm and agree to the conditions of assistance set out in this Case Form. I confirm I have retained a copy for my own future reference. I understand and agree specifically to the conditions of assistance in respect of the Fee Advance and Early Conciliation Agreement at 9 above**. I confirm and agree that the information is a true and accurate record. I agree to this information being shared with a third party in respect of any actions in accordance with the Data Protection Act 1998. I understand that no information will be disclosed to any external marketing. I confirm my membership subscriptions are up to date.

Signature of member

Date of member's signature

--	--	--	--	--	--

Signature of branch official
(the person first handling the case)

Date of branch official's signature

--	--	--	--	--	--

Name of branch official authorising form
(the person first handling the case)

Membership number of branch official
authorising form

--	--	--	--	--	--

****Declaration in relation to section 9 applies to members in England, Scotland & Wales only**

11 Workplace representative's details (the person handling the case)

Membership Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Title	<input type="text"/>
First Name	<input type="text"/>			Initial(s)	<input type="text"/>		Surname			<input type="text"/>
Address 1										
Address 2										
Town/City										
County										
Postcode				Position held in branch						
Email						Contact telephone				

12 Branch details

Branch Number/Code	<input type="text"/>	Service Group	<input type="text"/>				
Branch Name							
Address 1							
Address 2							
Town/City							
County							
Postcode				Telephone Number			

C For the workplace representative

1. Ensure that the member has completed all relevant sections 1-10, assisting the member where necessary – if needed, you can contact the Member Records staff at your branch or regional office for information.
2. Explain to the member that any financial information will be treated confidentially and will be necessary if an Employment Tribunal claim has been assessed as having reasonable prospects of success.
3. You must also complete sections 11-12.
4. If more than one member is involved, all members will need to complete relevant section 1-10 of a Holiday Case Form and you should note on each form the name and workplace of the other members who have a similar claim.
5. If the completed form has been forwarded to you, then please 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.
6. If you should need to refer the case to a more experienced UNISON representative or your branch secretary, please ensure you forward this Holiday Case Form, with copies of all documents and correspondence, and a summary of the actions you have taken.

D For the branch secretary

1. 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.
2. 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.
3. You must complete section 12. If there is no workplace representative please also complete section 11.
4. 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 and Early Conciliation Agreement in section 9 before forwarding this Case Form and relevant information to the regional office immediately.**
5. **Most claims to the Employment Tribunal have to be lodged within three**

- months less one day of the act, failure to act or incident (eg discrimination, unfair dismissal etc), or some within six months less one day (eg equal pay or redundancy pay). Before a case can be lodged, the ACAS Early Conciliation process must be triggered. This process will be triggered by organisers once the Union's solicitors advise a case has merit. This is because triggering the ACAS Early Conciliation process will affect the limitation deadline ie the date by which a claim must be lodged. <http://www.legislation.gov.uk/ukSI/2014/254/made>.
6. If the original 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 ACAS pre-conciliation and an Employment Tribunal claim will only be lodged in exceptional circumstances.
 7. Where a member has already triggered the ACAS Early Conciliation procedure, or lodged a claim prior to seeking help from the branch, please contact your organiser about next steps, bearing in mind that the organiser may need to obtain legal advice.
 8. Please sign the form to confirm that all details on the form are correct and that the member is up to date with UNISON subscriptions.

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 at the front of this form.

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.

Your UNISON representative is:

workplace address:

Contact details:

work tel:

mobile:

email:

_____	_____
_____	_____
_____	_____
_____	_____