



CASEFORM

FOR MEMBERS STEWARDS 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. 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.

To the member

Please complete sections 1-9. All of 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.

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 9 Please read the following notes before signing the declaration.

Conditions for providing assistance:

- UNISON seeks to provide members with the best possible advice and assistance. In the majority of cases our trained workplace stewards will be able to help. Should they need advice or have to refer your case to a more experienced UNISON representative then they will be able to do so using this completed Case Form.
- At all times action taken on your behalf will be on the basis of an agreement reached with you about how UNISON can assist you. Throughout the procedure you will be kept informed and no decision will be made on your behalf without first consulting you. You are free not to accept the advice of your UNISON representative, in which case continuing support will be withdrawn. You should, however, note your right to complain or "appeal" against such a decision if you are dissatisfied, by writing to your branch secretary in the first instance.
- Should your steward feel that your case is one better referred to a more experienced or specialist official, then your steward, or any other UNISON representative supporting you (for example, a representative from a self-organised group) will still remain involved if you wish. However, UNISON representation is provided on the understanding that UNISON is your sole representative. If you are seeking advice from a third party, UNISON reserves the right to withdraw continued assistance to you.
- While UNISON is assisting you, you must remain a member. If you need more information about how to make payments, please contact your branch secretary who will be able to assist you.
- UNISON is proud of our record of achievements on behalf of our members. Publicising our successes both reminds employers of their responsibilities, and encourages more people to join UNISON. We may therefore request your agreement to publicise the outcome of your case if appropriate.

To the workplace representative

Please check that the member has completed all relevant sections of the Case Form, assist the member where necessary. In addition, please complete sections 10-12. If more than one member is involved, all members will need to complete section 1-9 of a Case Form. If you should need to refer the case to a more experienced 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 you are seeking assistance from a regional officer, 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. You must complete sections 13 -15. If you think this case may involve an application to an employment tribunal, you must forward this Case Form and relevant information to the regional office immediately.

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.

Case Form

1 Membership details

 Membership Number

 If you joined UNISON within the last 13 weeks - please give the date you joined

2 Member's correspondence details

Title	First Name	Initial(s)	Surname
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 Address 1

 Address 2

 Town/City

County	Postcode
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3 Member contact details

Home telephone number	Work telephone number
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Mobile telephone number	Work extension number
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Home email address	Work email address
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 Voice/Text number

4 Member personal details

 Date of birth National Insurance Number Gender (M/F)

 Do you have a disability?(Y/N) Please state any access needs

Ethnic origin (please tick one box only)

- | | | | |
|--|--|--------------------------------------|--------------------------------------|
| Bangladeshi <input type="checkbox"/> | Chinese <input type="checkbox"/> | Indian <input type="checkbox"/> | Pakistani <input type="checkbox"/> |
| Asian UK <input type="checkbox"/> | Asian other <input type="checkbox"/> | | |
| Black African <input type="checkbox"/> | Black Caribbean <input type="checkbox"/> | Black UK <input type="checkbox"/> | Black other <input type="checkbox"/> |
| White UK <input type="checkbox"/> | Irish <input type="checkbox"/> | White other <input type="checkbox"/> | |

5 For members of self-organised groups - details of any SOG officer supporting you

Title	First Name	Initial(s)	Surname
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 Address 1

 Address 2

 Address 3

Postcode	Contact telephone
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6 Member employment details

Job title/occupation	Payroll Number
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 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
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continues next page ►

Employer Head Office Name

Address 1

Address 2

Address 3

Postcode

Workplace Name

Address 1

Address 2

Address 3

Postcode

7 Case details (Please use continuation sheet if necessary)

Date of incident (or most recent incident) which is the subject of this case

Please give as much detail as possible, including dates of any incidents, meetings or conversations, and who was involved. If a meeting or hearing has been arranged please give details below. Please attach copies of any relevant correspondence.

Multiple horizontal lines for text entry.

Date(s) of forthcoming hearing(s)

Type of hearing

Date(s) of forthcoming meeting(s)

Type of meeting

8 Remedy sought (by member) - please say how you want UNISON to help you

Has anyone other than UNISON advised or acted on your behalf? (Y/N)* *If yes, please give name and organisation of who has advised/acted and give brief details of advice given or action(s) taken

Name
Action taken

9 Declarations

I confirm that I have read and agree to UNISON's conditions of assistance at the beginning of this form. I confirm that the contents of this form are a correct record of events, and I agree to this information being shared with a third party in respect of any action. UNISON is registered under the Data Protection Act 1998.

Signature of member	Date of member's signature
.....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

Signature of branch official	Date of branch official's signature
.....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

Name of branch official authorising form

Membership number of branch official authorising form

13 Branch details

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

14 Action taken by branch secretary and regional assistance required

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

15 Branch secretary authorisation

Name	
Signature	Date of branch secretary's signature
.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

FILE 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"/>	FOR REGIONAL OFFICE USE ONLY
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CASE TYPE	<input type="text"/>	SUB TYPE	<input type="text"/>
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UNISON



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