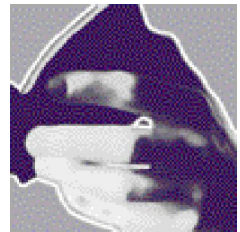
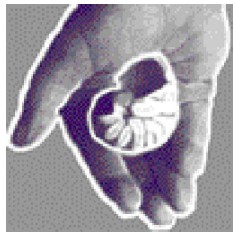


# CASEFORM

FOR MEMBERS, STEWARDS, BRANCHES & REGIONS



# UNISON

FOR REGIONAL OFFICE USE ONLY

## 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.**

It is essential that all these sections are completed. 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.

**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 9 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 sections 1-9, assisting the member where necessary – if needed, you can contact the Member Records staff at your branch or regional office for information.
- In addition, you must complete sections 10-13.
- If more than one member is involved, all members will need to complete section 1-9 of a Case Form.
- 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 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 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 – an incomplete form is likely to be returned to you, causing unnecessary delay in the member's case.
- You must complete sections 14 -16.

■ 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.

## 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

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

Male

Female

Do you have a disability? Please state any access needs

Yes  No

**Ethnic origin** (please tick one box only)

Bangladeshi

Chinese

Indian

Pakistani

Asian UK

Asian other

Black African

Black Caribbean

Black UK

Black other

White UK

Irish

White other

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

|           |            |                   |         |
|-----------|------------|-------------------|---------|
| Title     | First Name | Initial(s)        | Surname |
| Address 1 |            |                   |         |
| Address 2 |            |                   |         |
| Address 3 |            |                   |         |
| Postcode  |            | Contact telephone |         |

## 6. Member employment details

|                                      |                                    |                                       |  |
|--------------------------------------|------------------------------------|---------------------------------------|--|
| Job title/occupation                 |                                    | Payroll Number                        |  |
| Employment commenced                 |                                    | Employment ended                      |  |
| 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                 | Basic wage per week £              | <b>OR</b>                             | 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 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.

Date(s) of forthcoming hearing(s)

Date(s) of forthcoming meeting(s)

Type of hearing

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? Yes\*  No

\*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

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

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

Membership number of branch official authorising form

Date of member's signature

Date of branch official's signature

## 10. 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 |                |         |

## 11. Employer contact - details of manager you have been dealing with

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

## 12. 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

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

### 13. Details of further action taken

### 14. Branch details

Branch Number/  
Code

Service Group

Branch Name

Address 1

Address 2

Town/City

County

Postcode

Telephone Number

**15. 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.

**16. Branch secretary authorisation**

Name

Signature

Date of branch secretary's signature

|             |                      |                                     |                      |
|-------------|----------------------|-------------------------------------|----------------------|
| FILE NUMBER | <input type="text"/> | <i>FOR REGIONAL OFFICE USE ONLY</i> |                      |
| CASE TYPE   | <input type="text"/> | SUB TYPE                            | <input type="text"/> |

## 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. UNISON will determine who is the most appropriate representative to assist you in your case.
- 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. UNISON therefore reserves the right to use the details of your case and outcome in publicity or case study/learning material, although your name would only be used with your permission.
- UNISON representatives and members are expected to treat one another with respect and integrity. Failure to do so by a UNISON representative entitles you to make a complaint to your Branch Secretary. Failure to do so by yourself may lead to UNISON assistance being withdrawn from your case.

---

## 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 voluntary job in their own time. However, if necessary, please feel free to contact your representative to avoid undue stress to yourself.

The name of your UNISON representative is:

### Contact details:

work tel:

mobile:

home tel:

email:

address: