

CASEFORM

FOR MEMBERS REPRESENTATIVES BRANCHES & REGIONS



Revised August 2017

UNISON

FOR REGIONAL OFFICE USE ONLY

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 rules 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/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 Failure by you to treat your representative with respect may lead to support being withdrawn from you.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 Legal Services 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for any costs or expense incurred if you have opted out from UNISON assistance or if UNISON representation has been withdrawn.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arising from representations made after you have opted out from UNISON assistance or after UNISON assistance has been withdrawn.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. You must also confirm that your UNISON subscriptions are up to date. If you have given information which is misleading UNISON has 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.

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.

B For the member

1. In all cases you must complete sections 1-14.
2. 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 representative should be able to assist you.
3. **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.
4. **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.
5. **Section 6 must be completed.** If an Employment Tribunal claim needs to be made you are required to provide this information on the form.
6. **Sections 7 - 8** should only be completed if they are relevant to your case.
7. **Section 12** complete this section if you have received representation outside of UNISON or you have triggered the ACAS Early Conciliation procedure.
8. **Section 13 The Legal Services Agreement** Please read section A **Conditions for providing assistance** before signing this section. You should only sign this section if you agree to all the terms. 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.
9. **Section 14 Declarations** Please sign if you agree to all the terms in this agreement between you and UNISON.
10. **When you have completed the form** give it 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 0800 0 857 857.
11. **Please note the Conditions for providing assistance at A above.** You should only sign the declaration in section 14 if you agree to all of these conditions.
12. Please make a copy of the CASE form for your records or ask your workplace representative to make a copy for you.

C For the workplace representative

1. 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.
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. In addition, you must complete sections 15-17.
4. 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.
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 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 sections 18-22. If there is no workplace representative please also complete sections 15-17.
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 Legal Services Agreement in section 14 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.

Case Form

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)

Do you have a disability? Yes ☐ No ☐

(please tick one box)

Please state any access needs

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	<input type="text"/>	<input type="text"/>	<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
Employer's Telephone Number	
Workplace Name	
Address 1	
Address 2	
Address 3	Postcode

7 Fitness to practice

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

Name of registration body	<input type="text"/>
Professional registration PIN number	<input type="text"/>

8 Disclosure and Barring scheme

Are you barred from working for either the Disclosure and Barring scheme or Disclosure Scotland?

Barred adults list	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(please tick one box)
Barred children's list	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(please tick one box)

9 Case details (Please use continuation sheet if necessary)

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

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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.

[illegible]

Date(s) of forthcoming hearing(s)

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Type of hearing

Date(s) of forthcoming meeting(s)

[illegible]

Type of meeting

[illegible]

10 Is there anyone else with a similar claim?

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

Check with other colleagues in the department or your workplace representative to see if anyone else has a similar claim

*If Yes, please state the name of the other person or persons and their workplace address

Title	First Name	Initial(s)	Surname
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Address 1

Address 2

Address 3

Postcode	Contact telephone
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Title	First Name	Initial(s)	Surname
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Address 1

Address 2

Address 3

Postcode	Contact telephone
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11 What would be a solution to your problem? – say here how you want UNISON to help you

12 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 ||

13 Legal Services Agreement

I agree:

- 13.1 That I have complied with the Union's Conditions of Legal Assistance and will continue to do so.
- 13.2 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*.
- 13.3 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.

Signature of member

Date of member's signature

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

14 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 Legal Services Agreement at 13 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

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

Date of branch official's signature

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

Membership number of branch official
authorising form

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***13.2 and 13.3 do not apply to members in Northern Ireland.*

15 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	
First Name					Initial(s)		Surname			
Address 1										
Address 2										
Town/City										
County										
Postcode					Position held in branch					
Email							Contact telephone			

16 Employer contact details (the manager you have been dealing with)

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

17 Branch details

Branch Number/Code	<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	

18 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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19 Is there a legal claim?Yes* ☐ No ☐ (please tick one box)

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

Date

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Breach of contract

☐

Unlawful deduction from wages

☐

Holiday pay

☐

Unfair dismissal

☐

Redundancy

☐

Discrimination**

☐

Maternity/pregnancy

☐

TUPE

☐

Trade union detriment

☐

Protective award

☐

Any other (please state)

**If you ticked Discrimination please state the protected characteristic:

Age

☐

Disability

☐

Gender reassignment

☐

Maternity/pregnancy

☐

Race

☐

Religion or belief

☐

Sex

☐

Sexual orientation

☐

Please provide as far as possible the exact dates of any incidents (especially discriminatory incidents) that are alleged to have occurred. (continue on a separate sheet if necessary)

Action taken by branch secretary and regional assistance required

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 cases within 6 months less one day (e.g. equal pay or redundancy pay).

When was the act, failure to act or incident? *(please provide date)*

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When is limitation? *(please provide date)*

[illegible]

Have you contacted your region to determine limitation, especially if you think it might be 28 days or less away?

Yes

9

No

7

(please tick one box)

Do NOT wait for a grievance or disciplinary process, including any appeal procedure, to conclude. It is important to contact your organiser straight away in order to meet the limitation deadline*. Inform them IMMEDIATELY BY PHONE if you think limitation is imminent and legal advice is required.

****If the act was on 1 January 2017, for a claim with a 3-month limitation the deadline to bring a claim is 31 March 2017. For a claim with a 6-month limitation, the deadline to bring a claim is 30 June 2017.***

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

21 Check List

Has the member completed Section 1:

Yes ☐ No ☐ (please tick one box)

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

Yes ☐ No ☐ (please tick one box)

Have you explained the declaration?

Yes ☐ No ☐ (please tick one box)

Have you explained the Legal Services Agreement and has the member signed it?

Yes ☐ No ☐ (please tick one box)

Have you explained that if the member's case has reasonable prospects of success:

1. UNISON's organisers from the region will trigger the Early Conciliation procedure;
2. That ACAS must be notified about the dispute through their Early Conciliation service before an ET claim can be lodged;
3. Sought authority from the member for their organiser to speak on the member's behalf to ACAS;
4. Explained and agreed with the member that when ACAS calls, the member will ask ACAS to speak instead to their organiser or the person named in the letter confirming representation to the member.

Yes ☐ No ☐ (please tick one box)

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 ☐

ACAS Early Conciliation Certificate (if relevant) ☐

Any other (please give details)

Incomplete information will need 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>
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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.

The name of your UNISON representative is:

Contact details:

work tel:

mobile:

email:

workplace address:

