

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 You are free not to accept the advice of your UNISON representative, in which case continuing support will be withdrawn.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

Address 1

Address 2

Town/City

County

Postcode

3 Member contact details

Home telephone number

Mobile telephone number

Work 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?(Y/N)

Please state any access needs

Ethnic origin (please tick one box only)

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Asian UK | <input type="checkbox"/> Asian other |
| <input type="checkbox"/> Black UK | <input type="checkbox"/> Black African | |
| <input type="checkbox"/> Black other | <input type="checkbox"/> Black Caribbean | |
| <input type="checkbox"/> White UK | <input type="checkbox"/> Irish | <input type="checkbox"/> 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 Temporary Casual
 Full-time Part-time Job share
 Fixed Term Contract

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 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)

Type of hearing

Date(s) of forthcoming meeting(s)

Type of hearing

8 Remedy sought (by member)

Please say how you want UNISON to help

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

Signature of branch official

Date of branch official's signature

Name of branch official authorising form

Membership number of branch official authorising form

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

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.

13 Branch details

Branch Number/Code

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

File Number

For regional office use only

Case type

Sub type

UNISON National Office

UNISON
1 Mabledon Place
London
WC1H 9AJ
Tel: 0845 355 0845
Fax: 0207 551 1101
Text Tel: 0800 0967968

UNISONdirect
0845 355 0845

EASTERN

UNISON
Church Lane House
Church Lane
Chelmsford
Essex
CM1 1NH
Tel: 0870 889 0373
Fax: 01245 492863
Text tel: 01245 499135

UNISON
St Edmunds House
Lower Baxter Street
Bury St Edmunds
Suffolk
IP33 1ET
Tel: 0870 889 0373
Fax: 01284 700960

EAST MIDLANDS

UNISON Regional Centre
Vivian Avenue
Nottingham
NG5 1AF
Tel: 0115 847 5400
Fax: 0115 847 5422

GREATER LONDON

Congress House
Great Russell Street
London
WC1 3LS
Tel: 020 7535 2100
Fax: 020 7535 2105

NORTHERN

140-150 Pilgrim Street
Newcastle Upon Tyne
NE1 6TH

Tel: 0191 245 0800
Fax: 0191 245 0899

6 Spencer Street
Carlisle
Cumbria CA1 1BG
Tel: 01228 815 670
Fax: 01228 815 686

Drinkwater House
210-212 Marton Road
Middlesbrough
Cleveland
TAS4 2ET
Tel: 01642 211 324
Fax: 01642 252 557

NORTHERN IRELAND

Unit 4
Fortwilliam Business Park
Dargan Road
Belfast BT3 9JZ
Tel: 02890 770 813
Fax: 02890 779 772

NORTH WEST

UNISON
Arena Point
1 Hunt's Bank
Manchester M3 1UN
Tel: 0161 211 1000
Fax: 0161 661 6710

35 Old Chester Road
Bebington
Wirral L63 7LE
Tel: 0151 645 7116
Fax: 0151 643 1732
6 Spencer Street
Carlisle
Cumbria CA1 1BG
Tel: 01228 815 670
Fax: 01228 815 686

SCOTLAND

UNISON House
14 West Campbell Street
Glasgow G2 6RX
Tel: 0870 777 7006
Fax: 0141 331 1203
Text Tel: 0141 248 3981

Grampian Resources Centre
7 Alford Place
Aberdeen AB1 1YD
Tel: 01224 620 624
Fax: 01224 621 691

Douglas House,
60 Belford Road
Edinburgh EH4 3UQ
Tel: 0870 777 7006
Fax: 0131 220 6389

Highland Resource Centre
53 Shore Street
Inverness IV1 1NF
Tel: 01463 715 891
Fax: 01463 715 270

SOUTH EAST

Regional switchboard:
0870 770 1112
Text tel: 0870 777 9877

Glen House
High Street
Banstead
Surrey SM7 2LH
Fax: 01737 733 328

179 Preston Road
Brighton
East Sussex BN1 6AG
Fax: 01273 544 032

UNISON House
8 Church Street
Reading
Berkshire RG1 2SB
Fax: 0118 959 7860

UNISON, Suite 14/15
Christchurch House
Beaufort Court
Sir Thomas Longley Road
Medway City Estate
Strood, Kent ME2 4FX
Fax: 01634 285 714

SOUTH WEST

UNISON House
The Crescent
Taunton
Somerset TA1 4DU
Tel: 01823 288 031
Fax: 01823 336 013
4 Okehampton Road
Exeter
Devon
EX4 1EH
Tel: 01823 288 031
Fax: 01392 426 747

Vintry House
Wine Street
Bristol
BS1 2BD
Tel: 01823 288 031
Fax: 01179 689 474

Dorset Resource Centre
Ryan House
Sandford Lane Estate
Wareham
Dorset BH20 4DY
Tel: 01929 555 900
Fax: 01929 555 910

CYMRU/WALES

Transport House
Third Floor
1 Cathedral Road
Cardiff CF11 9SB
Tel: 02920 398 333
Fax: 02920 220 398

491 Abergele Road
Old Colwyn
Colwyn Bay
Clywd
LL29 9AE
Tel: 01492 516 416
Fax: 01492 516 102
Suite A
The Courtyard
Wind Street
Swansea
SA1 1DP
Tel: 01792 467 218
Fax: 01792 483 948

WEST MIDLANDS

24 Livery Street
Birmingham
B3 2PA
Tel: 0121 685 4200
Fax: 0121 685 4400
Text Tel: 0121 685 4410

**YORKSHIRE &
HUMBERSIDE**

Commerce House
Wade Lane
Leeds
LS2 8NJ
Tel: 0113 244 9111
Fax: 0113 244 8852
Text Tel: 0113 234 6911

332/334 Cemetary Road
Sharrow Head
Sheffield
S11 8FT
Tel: 0114 268 4783
Fax: 0114 268 5932

Dragon Court
Springwell Road
Leeds
LS12 1EX
Tel: 0113 389 2323
Fax: 0113 253 6275

413 Beverley Road
Hull
HU5 1LX
Tel: 0148 244 2233
Fax: 0148 249 2674