

# CASEFORM

FOR MEMBERS STEWARDS BRANCHES & REGIONS



UNISON

# Notes to help you complete this form

Please read the following notes before completing this 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 the region, 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 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.
- 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.





Date(s) of forthcoming hearing(s)

Grid for date(s) of forthcoming hearing(s)

Grid for date(s) of forthcoming hearing(s)

Type of hearing

Text box for type of hearing

Text box for type of hearing

Date(s) of forthcoming meeting(s)

Grid for date(s) of forthcoming meeting(s)

Grid for date(s) of forthcoming meeting(s)

Type of meeting

Text box for type of meeting

Text box for type of meeting

10 What would be a solution to your problem? – say here how you want UNISON to help you

Large text area for describing a solution to the problem

Has anyone other than UNISON advised or acted on your behalf?  yes  no (please tick box)

\* 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

11 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 line for member

Date grid for member's signature

Signature of branch official

Date of branch official's signature

Signature line for branch official

Date grid for branch official's signature

Name of branch official authorising form

Membership number of branch official authorising form

Text box for name of branch official authorising form

Grid for membership number of branch official authorising form

**12 Workplace representative's details** (i.e. 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"/>			Mid Initial(s)	<input type="text"/>					Surname	<input type="text"/>
Address 1											
Address 2											
Town/City											
County											
Postcode				Position held in branch							

**13 Employer contact** - details of manager you have been dealing with

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

**14 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.

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\_\_\_\_\_ 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.

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\_\_\_\_\_ Date of letter ||

**15 Details of further action taken**


**16 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	

**17 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.


**18 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"/>	FOR REGIONAL OFFICE USE ONLY
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<b>CASE TYPE</b>	<input type="text"/>	<b>SUB TYPE</b>	<input type="text"/>
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## 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:**

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**Contact details:**

work tel:

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mobile:

home tel:

email:

address:

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## 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.

