

Form CR



Legal assistance for members who are facing, or are likely to face, criminal charges arising out of their employment. Also use this form for legal assistance for members who are required to attend an inquest arising out of their employment.

Section 1: Member's details

This section is to be completed fully by the branch secretary. The form will not be processed if this section is not fully completed.

Name of member	
UNISON region	UNISON membership number
UNISON service group	Branch secretary's name
Branch name and address	
Date of joining UNISON	Male <input type="checkbox"/> Female <input type="checkbox"/>

I confirm that the above named person was a fully paid-up member of UNISON for at least four weeks before the incident (the branch secretary's signature is confirmation that the member is entitled to legal assistance).

Signed <i>(Branch secretary)</i>	Branch
	Date

Section 2: To be completed by member

Address	
	Postcode
Telephone number	Date of birth
Name and address of employers	
Payroll number (if known)	

Section 3: Case details

When and where did the incident happen?

Date / /

Place

At work

On union business

Travelling to/from work

Describe exactly what took place (if relevant include a sketch)

[Large area with horizontal dotted lines for writing]

Section 4: Witnesses

Were there any witnesses? If so, please give:

Name	
Address	
Telephone	Position
Name	
Address	
Telephone	Position

Section 5: Your employer

If the incident has been reported to your employer have you been:

Dismissed Date / /

Suspended Date / /

Has there been/will there be a disciplinary hearing? Date / /

Please give outcome if known

Section 6: The police

If the police are involved, please give: Date of involvement / /

Name(s) of police officer(s)

Name and address of police station

Any date given to you for reporting to them / /

Section 7: Court hearing etc

Have you been notified of any court hearing/inquest/fatal accident inquiry?

Yes/No

Place

Date

/ /

If so, please enclose copies
(not originals) of any court documents

Vital names, addresses and telephone numbers:

Has anybody else been charged, accused or subjected to questioning with you?
If yes please give:

Yes/No

Name

Address

Telephone

Position

Steward's name

Address

Telephone

Racial/ethnic monitoring

This information is collected for internal use only. It is gathered so that UNISON can assess how well it is serving all its members. Please classify your racial/ethnic origin. You may find it helpful to use some of the classifications listed below.

White

Black

Afro Caribbean

African

Asian

Pakistani

Indian

Chinese

Turkish

Other

Authorisation

1. I confirm that there is no solicitor acting for me.
2. The information given in this form is true and I understand that assistance may be withdrawn if I do not follow the advice of appointed solicitors, or if in the view of the National Executive Council continuance of support is unreasonable, or if I cease to pay union subscriptions, or if I give false and misleading information.

If you do not hear from UNISON Membership Legal Services/or union solicitors within one week of returning this form you should contact Membership Legal Services on tel: 020 7121 5393.

Signature of member

Date

/ /

It is vital that you return this completed form immediately to
UNISON Membership Legal Services, UNISON Centre, 130 Euston Road, London NW1 2AY.
For speedy service you can fax this form direct to UNISON Membership Legal Services
on 020 7121 5163 or email m.reid@unison.co.uk

UNISON
Legal Services