

Form FLA

Free initial legal advice on a matter outside employment
(other than non-work related injury, illness or disease)
You will receive a free half-hour telephone interview with a lawyer.

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

I confirm that the above named has been a fully paid-up member of UNISON for at least four weeks (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 the member

Address	
	Postcode
Telephone number	Date of birth
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

NATURE OF THE PROBLEM

tick relevant box

Family Housing Neighbour dispute Other

Details of the problem (Use extra sheets if necessary)

