

# Form RTA



Legal assistance for members and member’s families for road traffic accident claims resulting in personal injury.

*This form is intended to provide UNISON’s lawyers with brief details of your case. The lawyers will be arranging to take more detailed information.*

## 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 (Please give all the surnames you have used)			
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"/>

*I confirm that the above named was a fully paid-up member of UNISON for at least 4 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: Applicant’s details (to be completed if the person needing help is not a UNISON member but a member of their family)

Name of applicant (only complete if not member)				
Relation to applicant (only complete if not member)			Male <input type="checkbox"/>	Female <input type="checkbox"/>
Are you a trade union member?	<input type="text" value="Yes/No"/>	If so, which trade union?		

## Section 3: To be completed by injured person, whether UNISON member or family

Address							
						Postcode	
Telephone number		Date of birth		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of accident		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and address of employers							
Payroll number (if known)				National Insurance number			

section 3 continued

Brief details of accident—documents are not needed with this form

Lined writing area for accident details.

What injuries did you suffer?

Lined writing area for injuries.

section 3 continued

Name and address of driver responsible or other party involved


Name and address of vehicle owner


Name, model, year and registration number of vehicle (if known)


Name and address of insurance company (if known)


Policy holder's name and policy number and type (ie comprehensive or third party) (if known)


Name and address of police station to which accident reported


Name, number and address of police officer (if known)


## 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	<input type="checkbox"/>	Black	<input type="checkbox"/>	Afro Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Turkish	<input type="checkbox"/>	Other	<input type="text"/>				

## Authorisation—applicant and member

1. I confirm that there is no solicitor acting for me.
2. I understand that UNISON will decide whether to grant me legal assistance according to its rules. If legal assistance is granted I hereby request UNISON to nominate a solicitor to act on my behalf.
3. I understand and accept that although I, like all solicitors' clients, will be formally liable for legal costs incurred as a result of my claims, UNISON will indemnify me—i.e. will pay all legal costs incurred for me—provided that I continue to satisfy the conditions of the legal assistance scheme.

### **These conditions are:-**

- (i) I (or if applicant not a member, the member) must remain a member of UNISON and continue to pay UNISON contributions.
- (ii) Legal assistance may be withdrawn if I do not co-operate with or if I do not follow the advice of the solicitors acting for me.
- (iii) Legal assistance may be withdrawn if in the view of the National Executive Council continuance of support for my claim is unreasonable.

1. Signature of member

2. Signature of applicant (if over 16) or parent/guardian

Date //

### **Please return completed form to:**

The Synergy Building  
Campo Lane  
Sheffield  
S1 2EL

