

Legal assistance for members and family members following an accident or injury, illness or disease.

This form is intended to provide UNISON's lawyers with brief details of your case. Our lawyers will be contacting you to take more detailed information.

This information will be used to ensure that you are eligible for support; and for general statistical purposes.

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 the member has used)

UNISON membership number

Branch Secretary's name

Branch name

Branch number

Date of member joining UNISON

I confirm that the above named 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 access legal assistance).

Branch Secretary's signature

Date

Section 2. Applicant's details

Only to be completed if the person needing help is not a UNISON member, but a family member of a UNISON member and has suffered a non work related accident.

Name of applicant (only complete if not a member)

Relation to applicant (only complete if not a member)

Was your non work related accident: RTA Other type of accident

Section 3. To be completed by the injured person

Was your accident:

Work related Not work related, if so: RTA Other type of accident

Address

Postcode

Telephone number

Email contact

Date of accident (or of first being aware that there was a case to pursue for disease)

This information will be used to ensure that you are eligible for support; and for general statistical purposes.

This information will be used to contact you; to update your membership record; and for general statistical purposes.

Continued overleaf

Section 3 continued

This information will be used to give our lawyers background on your case; and to allow them to assess your case.

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

What injuries did you suffer?

Declarations

1. I confirm that there is no solicitor acting for me.
2. The information given in this form is true.
3. 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.
4. 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.
5. I must remain a member of UNISON and continue to pay UNISON contributions.
6. 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.
7. Legal assistance may be withdrawn if in the view of the National Executive Council continuance of support for my claim is unreasonable.

Signature of injured party

.....

Date

Signature of member (if different from above)

.....

Date

**Please return completed form to:
Thompsons, The Synergy Building, Campo Lane, Sheffield S1 2EL.
We recommend sending by registered post.**

How we use your information

At UNISON, we are committed to keeping your data secure and to never using it in ways you would not expect.

UNISON is the data controller for the information you provide on this form. We use this data to assess if you are eligible for support and to provide this support.

We may also use your information to pursue our legitimate interests as a trade union, such as updating your details on our database or commenting on Employment Tribunal judgements.

We may share the information on this form with our solicitors, an Employment Tribunal, or court.

We don't routinely transfer your data outside of the UK. However, where it is necessary, we ensure appropriate data protection measures (as applicable under UK law) are in place.

We retain your data in accordance with UNISON's data retention policy and delete it when it is no longer required.

Where you have given consent for UNISON to process your data, you may withdraw it at any time by contacting us.

You have rights as a data subject. These rights include: subject access; erasure; rectification; the right to restrict or object to processing; the right to data portability; and the right to complain to the Information Commissioner's Office (ICO). UNISON is fully committed to upholding these rights. If you believe we have not done so, please get in touch so that we can put things right.

For further information on how we will use your personal data, go to:

unison.org.uk/privacy-policy

Email: **dataprotection@unison.co.uk**

Write to: **Data Protection Officer,
UNISON, UNISON Centre, 130 Euston Road,
London, NW1 2AY.**

This section sets out UNISON's terms of assistance; and asks that you confirm the information on this form is correct.