

Stress claim form

Before completing this form the branch must have gone through the 'Stress Claims Protocol – a guide for UNISON branches and regions' (Stock no 1926) and ensured the member meets all the checklist criteria in Appendix 2.

The completed checklist must be attached to this form.

Legal assistance for branches for work related stress personal injury advice

WARNING: *Very few work related stress personal injury cases are successful as it is necessary to prove that your employer was on notice that you would suffer a recognised psychiatric illness as a result of your employer's behaviour. It is also difficult to succeed with a claim under the Protection from Harassment Act as you have to have suffered a course of extremely serious behaviour from a colleague which would be considered to amount to a criminal act. The time limits that apply are outlined at the end of this form. If these time limits are missed it is very unlikely that the Tribunal/Court will allow your claim to proceed.*

ALL sections of this form MUST be completed and the completed checklist MUST be attached to this form.

Section 1 to be completed by Branch Secretary **Section 2** to be completed by Member

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This information will be used to check that the member is eligible for support; and for general statistical purposes. It may also be used to update our membership record.

Section 1. To be filled in by the Branch Secretary

*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 surnames you have used)

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UNISON membership number

Branch Secretary's name

Branch name

Branch number

Date of joining UNISON

I confirm that the above named person 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).

Branch Secretary's signature

Date

Questionnaire for Branch Secretary

1.1 Has the member reported the problem to the employer?

If so, when and what was said?

YES

NO

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1.2 Has the member instituted a grievance procedure?

If so, when and with what result? If not, why not?

YES

NO

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1.3 When was the problem referred to you?

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This information will be given to our lawyers in order for them to assess the case.

This form will be kept by our lawyers in accordance with their retention policy/privacy statement

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This information will be used to assess the case.

This form will be kept by our lawyers in accordance with their retention policy/privacy statement

Section 1 continued

1.4 What steps have been taken by you to resolve the problem with the employer?

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1.5 Has a risk assessment been carried out?

If so, please give details:

YES NO

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1.6 What advice have you given the member so far?

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1.7 Does the member have any claim which you consider could form the basis of a complaint to the Employment Tribunal?

If so, please give details:

YES NO

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1.8 Has a CASE form been completed?

If so, are you aware whether the employment claim is being supported?

YES NO

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1.9 Have you advised the member of the time limit for any possible Employment Tribunal claim?

YES NO

1.10 Have you advised the member of any other relevant time limits

(ie three years for a civil case for a work related personal injury stress claim)?

YES NO

This information will be given to our lawyers in order for them to assess your case.

This will be kept by our lawyers in accordance with their retention policy/privacy statement.

Section 2 continued

2.10 Please set out details of any grievances which you have pursued against your employer and the result.

Please include copies of any decisions made.

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2.11 Does your employer have any policy or practices to deal with stress at work? If so please provide a copy.

YES

NO

2.12 Does your employer provide a counselling service?

YES

NO

If you have used this please set out details of the counselling provided.

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2.13 Please set out the first date on which you reported the problem to your doctor and please describe all the treatment you have received since that date.

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2.14 Please provide the dates of all absences from your work due to your condition.

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2.15 Has your medical advisor ever contacted your employer about the problem?

YES

NO

If so, please set out the details.

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This information will be used for background on your case; and to check if there is any conflict in our lawyers acting on your behalf.

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Please check that the individuals named have given consent for their details to be provided.

This will be kept by our lawyers in accordance with their retention policy/privacy statement.

Section 2 continued

2.16 Have you suffered from any previous stress related condition or episodes of depression?

YES NO

Please set out details of any other factors influencing your well-being outside of the workplace which could cause a stress related condition (e.g. mental health problems, bereavements).

2.17 Have any of your colleagues suffered from similar problems?

YES NO

If so, please set out the details.

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2.18 Please give the names of any witnesses who will be prepared to support your claim.

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Limitation warning for stress claims

Employment Tribunal Claim

Claims must be received by the Employment Tribunal within 3 months of the effective date of termination of employment,

Or,

in the case of sex, race or disability discrimination, within 3 months from the date of the act complained of, or where the act is continuing within 3 months of the last act of discrimination.

Personal Injury Claims

Court proceedings must be commenced within 3 years of the date of an accident, or in the case of occupational disease, including stress, within 3 years from when the member knew or ought to have known that he/she has suffered a stress related condition due to their employment.

Claims under the Protection from Harassment Act 1997

Court proceedings must be commenced within 6 years of the date on which the first act of bullying/harassment occurred or 3 years if the case is pursued in Scotland.

**Please return completed form to:
Thompsons, Synergy Buildings, Hartshead, Sheffield S1 2EL.
We recommend you send 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.**