

Form PI



Legal assistance for members: injury, illness or disease
(including assaults at work)

*This form is intended to provide UNISON's lawyers with brief details of your case.
The lawyers will be arranging to meet you 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 Female

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 legal assistance).

Signed

(Branch Secretary)

Branch

Date

Section 2: To be completed by injured person

Name

Address

Postcode

Telephone number

Date of birth / /

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

/ /

Name and address of employers

Payroll number (if known) National Insurance number

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

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What injuries did you suffer?

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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. 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 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.

Signature of member

Date / /

Please return completed form to:
The Synergy Building, Campo Lane, Sheffield S1 2EL

