



# CASEFORM

FOR MEMBERS STEWARDS BRANCHES & REGIONS



UNISON  
Central Sussex Hospitals Branch

# Notes to help you complete this form

Please read the following notes before completing the Case Form. Answering all of the questions now will ensure that the UNISON representative has enough information to advise and assist, and will avoid any delays. The completed Case Form will also help UNISON monitor casework support to members. Sections of the form need to be completed by either the member or the steward assisting the member. Other sections must be completed by the steward, and by a senior branch officer or the branch secretary. If assistance is needed from a regional officer it is essential that all sections of the Case Form have been completed before it is forwarded to the Regional Office.

## To the member

**Please complete sections 1-9.** All of the information requested should be readily known to you, or is shown on your pay slip. If you have any difficulty in answering any of the questions, your UNISON steward should be able to assist you.

**Section 4** If you have a disability which may impact on the way in which a UNISON representative would assist you, and you can identify specific needs (for example palantype, large print, or mobility needs for meetings) please indicate.

**Section 5** If you identify with UNISON's self-organisation and have a colleague who you would like to accompany you to meetings with your UNISON representative or with the employer, please give details.

**Section 9** Please read the following notes before signing the declaration.

## Conditions for providing assistance:

- UNISON seeks to provide members with the best possible advice and assistance. In the majority of cases our trained workplace stewards will be able to help. Should they need advice or have to refer your case to a more experienced UNISON representative then they will be able to do so using this completed Case Form.
- At all times action taken on your behalf will be on the basis of an agreement reached with you about how UNISON can assist you. Throughout the procedure you will be kept informed and no decision will be made on your behalf without first consulting you. You are free not to accept the advice of your UNISON representative, in which case continuing support will be withdrawn. You should, however, note your right to complain or "appeal" against such a decision if you are dissatisfied, by writing to your branch secretary in the first instance.
- Should your steward feel that your case is one better referred to a more experienced or specialist official, then your steward, or any other UNISON representative supporting you (for example, a representative from a self-organised group) will still remain involved if you wish. However, UNISON representation is provided on the understanding that UNISON is your sole representative. If you are seeking advice from a third party, UNISON reserves the right to withdraw continued assistance to you.
- While UNISON is assisting you, you must remain a member. If you need more information about how to make payments, please contact your branch secretary who will be able to assist you.
- UNISON is proud of our record of achievements on behalf of our members. Publicising our successes both reminds employers of their responsibilities, and encourages more people to join UNISON. We may therefore request your agreement to publicise the outcome of your case if appropriate.

## To the workplace representative

Please check that the member has completed all relevant sections of the Case Form, assist the member where necessary. In addition, please complete sections 10-12. If more than one member is involved, all members will need to complete section 1-9 of a Case Form. If you should need to refer the case to a more experienced UNISON representative or your branch secretary, please ensure you forward this Case Form, with copies of all documents and correspondence, and a summary of the actions you have taken.

## To the branch secretary

If you are seeking assistance from a regional officer, please ensure that all sections of this form are completed and sent to the regional office together with copies of any documents and correspondence which could assist. You must complete sections 13 -15. If you think this case may involve an application to an employment tribunal, you must forward this Case Form and relevant information to the regional office immediately.

Please sign the form to confirm that all details on the form are correct and that the member is up to date with UNISON contributions.



Employer Head Office Name

Address 1

Address 2

Address 3

Postcode

Workplace Name

Address 1

Address 2

Address 3

Postcode

**7 Case details** (Please use continuation sheet if necessary)

Date of incident (or most recent incident) which is the subject of this case

Please give as much detail as possible, including dates of any incidents, meetings or conversations, and who was involved. If a meeting or hearing has been arranged please give details below. Please attach copies of any relevant correspondence.

Multiple horizontal lines for text entry.

Date(s) of forthcoming hearing(s)

Type of hearing

Date(s) of forthcoming meeting(s)

Type of meeting

Date(s) of forthcoming hearing(s)

Type of hearing

Date(s) of forthcoming meeting(s)

Type of meeting





**13 Branch details**

Branch Number/Code 

0	9	3	0	7
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 Service Group **Health**

Branch Name **Central Sussex Hospitals Branch**

Address 1 **Room 211, Beechmont**

Address 2 **Princess Royal Hospital**

Town/City **Haywards Heath**

County **West Sussex**

Postcode **RH16 4EX** Telephone Number **01444 441881 ext 8544**

**14 Action taken by branch secretary and regional assistance required**

Please state what action you have taken on behalf of the member, what assistance is needed; give the dates of any forthcoming meetings or hearings. Please attach copies of any relevant correspondence.

Multiple horizontal lines for text entry.

**15 Branch secretary authorisation**

Name **Mark Sargent**

Signature ..... Date of branch secretary's signature 

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FILE NUMBER 

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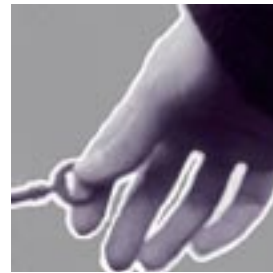
 FOR REGIONAL OFFICE USE ONLY

**CASE TYPE**

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**SUB TYPE**

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Once form has been completed  
please return to your representative  
or a branch official.

Alternatively send to the branch office  
(see section 13)