

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

Multiple horizontal dotted lines for writing details of accident/disease.

What injuries did you suffer?

Two horizontal dotted lines for writing details of injuries.

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.

Form with checkboxes for racial/ethnic categories: White, Black, Afro Caribbean, African, Asian, Pakistani, Indian, Chinese, Turkish, and 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(ii) Legal assistance may be withdrawn if I do not co-operate with or if I do not follow the advice of the solicitors acting for me.
(iii) Legal assistance may be withdrawn if in the view of the National Executive Council continuance of support for my claim is unreasonable.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

Large empty box for member signature.

Date

Form for entering date with boxes for day, month, and year.

Please return completed form to: UNISON Legal Department, PO Box 3461, Sheffield S1 4XT

