



Employment Cases Member Application Pack



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MESSAGE FROM THE HEAD OF LEGAL SERVICES

The CWU aims to help members resolve any employment problems through their representative structures using their jointly agreed conduct and grievance procedures.



However, in certain circumstances members may need to take matters further, and that is where the legal services department comes in.

The CWU has one of the largest workplace based representative structures to support members at the earliest opportunity on the shop floor.

The local structures are supported by Area and Divisional representatives who are full-time officials with a wealth of experience and trained in employment matters.

Therefore, the objective is that issues are nipped in the bud or dealt with at the earliest opportunity possible without the need for recourse to the Employment tribunal or the use of other legal services.

However, if you do need to take matters further the CWU is here to assist you with that.

This pack has been developed to help branches and members start the process in a consistent manner and is the first step in seeking and securing the assistance you require.

Best wishes.

A handwritten signature in black ink that reads "I Taylor". The signature is fluid and cursive.

Ian Taylor
Head of Legal Services

CONTENTS

Message From The Head Of Legal Services	2
Contents	3
Introduction	4
Section 1: About You	6
Section 2: Your Complaint	7
(a) Summary	7
(b) Dismissal	8
(c) Discrimination	9
(d) Disability Discrimination Claims	11
(e) Other claims	13
Section 4: Financial Information	16
Section 5: Application For Assistance Agreement	18
Section 6: Accessibility	20
Section 7: Checklist	22
Continuation Pages	24

Disclaimer

The data you are providing us will be used to process your application for legal assistance and any subsequent claim as well as updating any contact details held on your membership record. This is in line with the Union's legitimate aims and objectives in accordance with the Unions Rule Book. The data will only be retained for the duration of the legal case and a maximum of seven days thereafter in compliance with our legal obligations.

INTRODUCTION

Applying for assistance with an ET Claim

This pack has been produced to assist branches with members who are thinking of making a claim to the Employment Tribunal.

This pack is for members to apply for assistance from the union with any claim to the Employment Tribunal in a consistent manner and is the first step in seeking and securing the assistance you require.

It is not an application to the Employment tribunal itself

Do not assume your application has been successful until you receive written confirmation.

Until you receive this you are responsible for the progression of any tribunal claim and complying with any orders you may receive from the tribunal.

You can seek assistance from your Branch legal and medical secretary in filling out this form. We advise that you seek this assistance to ensure it is filled out correctly and to avoid any unnecessary delays with your application.

The Union does not offer support for all claims. The Union will only offer support for claims that have a reasonable chance of succeeding at an Employment Tribunal or achieving settlement.

There are certain other circumstances where support may be given and this will be decided upon on a case-by-case basis.

Please ensure you complete the pack properly and enclose copies of all the relevant supporting documentation.

Also you should be clear and precise in explaining what your claim is about.

Making a claim wto the ET

To make an application to the Employment tribunal you must complete an ET1 form and send it to your local Employment tribunal office.

You must ensure your application reaches the tribunal within the time limit, which is usually three months less one day from the date of the incident you are complaining about.

Early conciliation

Before your Employment tribunal claim will be accepted, you must have an Early conciliation certificate Reference Number. To obtain one you must contact ACAS (LRA in Northern Ireland)and tell them of your intention to make a tribunal claim.

They will also ask if you want to use their free early conciliation service. There is no obligation to do so. However it is recommended that you take up the offer to explore if your issue can be resolved without the need for the tribunal hearing.



SECTION 1 – ABOUT YOU

Title: Mr/Mrs/Miss/Ms/Mx

First Name:

Surname:

Email: *(this is required)*

Address:

Postcode:

Tel No:

Date of Birth:

Workplace Address:*

Postcode:

Employment start date*

Normal hour worked per week:*

Job Title:*

Have you made a Personal Injury claim through the Union? No Yes

**Please give the details of the employer you are complaining about.*

SECTION 2 – YOUR COMPLAINT

2(A) SUMMARY

Describe in a couple of sentences what your complaint is about:

Do you have an understanding disciplinary/grievance/appeal hearing?

No Yes When is the next hearing/meeting?

Early Conciliation

Have you contacted ACAS (LRA in Northern Ireland) to tell them of your intention to make a claim?

No Yes Date you contacted Acas:

If yes, what is your Early Conciliation Form reference number?

Tribunal Claim

Have you submitted a claim (Form ET1) to an employment tribunal?

No Yes Date Submitted:

Please provide all correspondence you have received from, or sent to Acas/the employment tribunal.

What Outcome Are You Looking For?

Please tick the relevant box of the outcome you want should your claim be successful:

To get your old job back and get compensation (if claiming unfair dismissal)

Compensation only

2(B) DISMISSAL

Please complete this section if your complaint is about dismissal or resignation.
If not, go straight to Section 2 (c)

Did your employer dismiss you? No Yes Date:

Did you resign? No Yes Date:

Last day of Work:

If you were dismissed, what reason for your dismissal did your employer give?

Conduct Capability Ill Health Redundancy

Other – please specify:

If you disagree, what do you think the real reason was for your dismissal?

Please explain here why you believe that your dismissal was unfair and, if you believe it was discriminatory, why:

Constructive Dismissal

If you resigned, what did your employer do that was so bad you decided you could no longer work for them?

What date did they do this? *If necessary, please continue on the blank pages at the back of the Pack.*

2 (C) DISCRIMINATION

Please complete this section if you believe you have suffered discrimination of any kind (whether or not you have been dismissed). Please also complete this section if you have been dismissed and you believe the dismissal was an act of discrimination. If not, go straight to Section 2 (e).

Protected Characteristic

Please tick box(es) to indicate for which characteristic(s) you believe that you have been discriminated against.

**Please specify if necessary where indicated.*

Sex (including Equal Pay) *

Sexual Harassment

Race/colour/nationality/caste *

Religion/belief *

Sexual reassignment orientation *

Gender /gender identity *

Age

Trade union membership

Trade union Rep activities/Health and Safety Rep activities

Part-time worker

Maternity rights/pregnancy

Paternity rights

Flexible working

Disability *(if you are claiming disability discrimination, You must also complete Section 2 (d))*

Whistle blowing/Protected disclosure:

- What did you report?
- When did you report it?
- Who did you report it to?

Discriminatory Treatment

Explain how you were treated unfairly/discriminated against.
If necessary, please continue on the blank pages at the back of the Pack.

Who treated you unfairly/discriminated against you?

Comparator

Name the person or persons treated more favourably than you.

How were they better treated?

2 (D) DISABILITY DISCRIMINATION CLAIMS

Please complete this section and the Medical Authority Form if you are claiming disability discrimination. If not please go straight to Section 2 (e).

What disability/disabilities are you relying on for the purpose of your discrimination claim?

How does it/do they affect your ability to carry out normal day-to-day activities?

When did it start?

Are you expected to make a full recovery? No Yes

When did you tell your employer about your disability and who did you tell?

Reasonable Adjustments

What adjustments did you ask for and when?

How would the adjustments have assisted you at work?

Please complete and sign the Medical Authority Form overleaf.

MEDICAL AUTHORITY FORM

Name of your GP and Practice:

Name of your Consultant:

Address:

Address:

Postcode:

Postcode:

The Communication Workers Union (CWU) is representing me in relation to a problem with my employment. I hereby consent and authorise the release of my hospital notes, records, x-rays, any other documents or information and also my General Practitioner's clinical notes and records.

I confirm that CWU, their nominated Consultant and Solicitors have full authority to make a request on my behalf. I further confirm that a photocopy of this form shall be sufficient evidence of authority for access to my records.

I am not contemplating or pursuing any allegation of negligence on the part of any persons or bodies above or any of their employees or otherwise in connection with my treatment.

Name:

Address:

Postcode:

Date of Birth:

Signed*:

Dated:

*This form must have a signature (electronic or handwritten).

2 (E) OTHER CLAIMS

Is your claim about any of the following?	Amount owed*
Deduction from wages/outstanding pay	£
Holiday pay/Annual leave	£
Notice pay	£
Redundancy pay	£
TUPE	
Contractu change	
Written statement of terms and conditions	
Minimum Wage	
Rest breaks/Hours of work	
Flexible working	
Refused a companion/representative	
No written reasons for dismissal	
Denied an appeal	
Other (please specify)	

**Please set out how you calculated what you are owed and provide supporting evidence.*

Since leaving have you found other work?

No Yes

Please give details below for each and every job (use the continuation pages at the back of the Pack if necessary).

Employers name

Job title

Hours of work

Start date

Finishing date

If your job has ended or is due to end, why?

Take home pay £ Per Wee/Month/Year

Please send copies of your most recent pay slips.

Are you in the company pension scheme? No Yes

Employer contribution rate %

Please enclose details of the scheme.

Staff benefits/perks

State Benefits

Please give us details below of any state benefits you have received since your dismissal.

SECTION 5: APPLICATION FOR ASSISTANCE AGREEMENT

I recognise that filling out these members pack does not guarantee me representation and I must wait until I get written confirmation of that decision.

I accept that if my case is supported, I must comply with the rules by which this assistance is offered as set out below.

- 1.** I recognise that filling out the members pack does not guarantee me representation and I must wait until I get written confirmation of that decision.

I accept that if my case is supported, I must comply with the rules by which this assistance is offered as set out below.

CWU has complete discretion on whether it offers support or continue supporting members. We will exercise this discretion fairly and consistently in accordance with these rules.

2. To be eligible

You must be a fully paid-up member of the CWU at the time of the event or incident giving rise to the claim and remain a member of the union.

In Employment cases we will not provide support if the issues relating to your claim arose before you joined the union.

You must remain a fully paid-up member.

Your case will be kept under review.

- 3.** Cases will only be supported if they have reasonable prospects of success and or in certain other circumstances. To receive support, cases must be proportionate in value to the cost of pursuing the claim.
- 4.** Once support is offered cases will be kept under review to ensure rules are complied with, members cooperate fully with the union, and the case continues to enjoy reasonable prospects of success.
- 5.** Support may be refused or withdrawn in the following circumstances. This list is not exhaustive:
- If you cease to be a member
 - If you are in arrears of membership contributions
 - If you are in breach of union rules

- If your claim brings you into conflict with the union, its policies or ethos
- If you have instructed or taken external legal advice
- If you have been dealing with a case yourself and ask us to take over conduct of it
- If you reject the reasonable advice of the union appointed representative as to the conduct and/or settlement of your claim
- If you fail to provide reasonable instructions or provide instructions at all
- If you behave in a way which has or is likely to destroy trust and confidence between you and your appointed representative
- If you deliberately misled the union or your representative, provide false information or all or part of your claim is fundamentally dishonest
- If you fail to cooperate
- A claim made against the Union, its employees, executive councils' officers and representatives

- 6.** You must cooperate with the Union, their solicitors, your representatives and any appointed experts appointed on your behalf.
- You must keep appointments
 - You must provide any information requested by the deadlines set
 - You must behave reasonably and provide reasonable instructions to your case representative
 - You must provide honest and accurate information
 - You must respond promptly to letters, emails and calls from your representative

7. You must authorise CWU to:
 - Disclose to the court, tribunal and opponents all relevant information in respect of the claim and or recovery of costs
 - Disclose to the CWU Legal services department and or the executive councils and or Branch officials their advice and any information relating to your claim
8. You are entitled to reject the advice of the CWU and instruct another representative, but the CWU will not be responsible for their charges or disbursements, nor any costs awarded against you.
9. If the CWU does not support a case or assistance is withdrawn the union will not be liable for any legal costs or expenses you subsequently incur.
10. In an employment tribunal claim the union will not meet any costs awarded against you when:
 - You have been given a cost warning by the tribunal and or ordered to pay a deposit
 - You have been advised by the union that the prospects of success are poor and there is a risk of costs being awarded against you
 - The tribunal has awarded costs because of your dishonesty or unreasonable conduct
11. By accepting CWU assistance with your case you agree that should there be an arrears of union contributions on the date compensation is agreed in your favour, the union and or its solicitors may deduct the amount of the arrears from the compensation.
12. Where assistance is offered to family member, Family members are also bound by these rules and members must maintain their membership for this assistance to continue.

Name:

Signature:

Date:

Please note this Members Pack will be returned to you if not signed.

SECTION 6 – ACCESSIBILITY

Please complete this section if you need assistance

How we work

To help us prepare your case we will ask you to:

- Correspond via email
- Send us letters and complete forms
- Supply information
- Read letters, emails and documents

Some members may have disabilities or circumstances that make this difficult.

Will you be able to work with us in this way. If not please identify what we can do to help, we will try to make arrangements to meet your needs.

Nominated person

Does the above disability/circumstance require us to deal directly with someone you nominate to receive correspondence and act on your behalf?

Name of this person:

Email address:

Address:

Phone number:

Relationship to you:



SECTION 7 – CHECKLIST

- Check the Pack
- Check you have signed the Pack
- Check your supporting documents
- Check you have the correct postage

Member's
Check

Area
Check

Have you fully completed the following sections:

Section 1 – About You

Section 2 – Your Complaint

Section 3 – Details of Your Complaint

Section 4 – Financial Information

Section 5 – Application for Assistance Agreement/Rules

Section 6 – Accessibility

Please enclose with this Pack all the relevant document (*ask your employer for those not in your possession*). Tick the boxes to show what you have included and sign this section.

Contractual Documents

Contract of Employment

Statement of Terms and Conditions of Employment

Staff Handbook

Disciplinary and Grievance Procedure

Copies of relevant Company Policies

Job Description

Letter of Appointment

Financial Information

P45 (*if you have left employment*)

Wage slips for the last three months

Most recent pension statement

Pension scheme explanatory booklet

Correspondence

- Grievance/Dismissal Letter
- Appeal/Grievance outcome letters
- Minutes of disciplinary/grievance/appeal meetings
- Letters from you to your employer
- Letters from your employer to you
- Witness Statements
- Evidence provided by employer

Pleadings *(if you have already submitted a claim to the tribunal)*

- Early Conciliation Certificate
- ET1 Claim Form
- ET3 Response (if any)

Tribunal Documents *(if any)*

- Acknowledgement from tribunal
- Notice of Hearing
- Tribunal Directions / Orders
- Other letters from tribunal
- Other Relevant Documents – please list

I confirm that I have checked the Pack has been fully completed and all relevant documents and supporting evidence has been provided.

CONTINUATION PAGE FOR SECTION NO:

Question:

CONTINUATION PAGE FOR SECTION NO:

Question:

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