





section 3 continued

Name and address of driver responsible or other party involved


Name and address of vehicle owner


Name, model, year and registration number of vehicle (if known)


Name and address of insurance company (if known)


Policy holder's name and policy number and type (ie comprehensive or third party) (if known)


Name and address of police station to which accident reported


Name, number and address of police officer (if known)


## 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	<input type="checkbox"/>	Black	<input type="checkbox"/>	Afro Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Turkish	<input type="checkbox"/>	Other	<input type="text"/>				

## Authorisation—applicant and member

- I confirm that there is no solicitor acting for me.
- 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.
- 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 (or if applicant not a member, the member) must remain a member of UNISON and continue to pay UNISON contributions.
- Legal assistance may be withdrawn if I do not co-operate with or if I do not follow the advice of the solicitors acting for me.
- Legal assistance may be withdrawn if in the view of the National Executive Council continuance of support for my claim is unreasonable.

1. Signature of member

2. Signature of applicant (if over 16) or parent/guardian

Date

/ / 

### **Please return completed form to:**

UNISON Membership Legal Services, PO Box 21373, London WC1B 3PR

