



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	<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="checkbox"/>	<input type="text"/>			

### Authorisation

- 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 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- Legal assistance may be withdrawn if I do not co-operate with or if I do not follow the advice of the solicitors acting for me.
- Legal assistance may be withdrawn if in the view of the National Executive Council continuance of support for my claim is unreasonable.

Signature of member

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Date   /   /

**Please return completed form to:**  
 UNISON Membership Legal Services, PO Box 21373, London WC1B 3PR

