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Client

Name: <i>Please use capitals and underline surname.</i>	
Tel:	Mobile:
Email:	
Address:	
Post Code:	

Respondent

Name: <i>Please name the contact in capitals.</i>	
Tel:	<i>Please give the direct number or extension number where applicable.</i>
Email:	
Address:	
Post Code:	

Referral Agency

Organisation:
Contact Name: <i>Please use capitals and underline surname.</i>
Your Case Ref.:
Tel: <i>Please give the ex-directory or direct number where applicable.</i>
Email: <i>We will only confirm receipt by email.</i>
Address:
Post Code:
Local Authority area / borough which agency is located:

Respondent's Representative - Employment

Name: <i>Please name the contact in capitals.</i>	
Tel:	<i>Please give the direct number or extension number where applicable.</i>
Email:	
Address:	
Post Code:	

ACAS Contact - Employment

Name: <i>Please use capitals and underline surname.</i>
Tel:

Tribunal Service Contact - Social Security/CICAP

Please tick as appropriate:

Social Security <input type="checkbox"/> Birmingham <input type="checkbox"/> Sutton <input type="checkbox"/> Other: Please specify _____	CICAP <input type="checkbox"/> Cardinal Tower (London) <input type="checkbox"/> Procession House (London) <input type="checkbox"/> Other: Please specify _____
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Hearing

We must receive cases at least 14 clear days before hearing commences - e.g. Hearing on Monday 28 November needs to be received by Monday 14 November. Cases with less will not be accepted.

Hearing Date(s) & Time(s):

If there are multiple hearing dates, please specify all dates.

Tribunal Case Ref./No.:

Venue:

Post Code:

Interpreter

Does the client require an interpreter

- Yes
 No

If Yes Language _____

Dialect _____

Declaration

I understand that by referring my case to FRU, FRU is not offering me representation. FRU relies on volunteers to represent its clients. I understand that unless and until a FRU volunteer offers me representation, FRU has no responsibility for my case.

Under the Data Protection Act 1998 we are obliged to obtain your consent to store or process certain types of information about you. We need to obtain and use this information in order to process your referral or act for you. Therefore we would be grateful if you could read the following paragraphs and sign below to indicate your consent.

Your information will be processed by our administrators and recorded on our database in order to manage your case. It will be examined by our Legal Officers so that your case can be assessed and assigned to an appropriate grade of representative. Your information will then be made available to our volunteers who examine the cases before choosing to offer representation.

In the event of us taking on your case, information will be shared within FRU, and may be shared on a confidential basis within the organisation where your representative works or studies, as part of our work on your behalf.

It will occasionally be necessary for your file to leave our office for example to attend a tribunal or to meet with yourself. We have a safe system at the FRU office so we can monitor the return of your file. If the volunteer working on your case can store your file securely out of the office, for example at their place of study or work we will allow them to do so. This will also be monitored.

Full details of your case will be held for up to seven years after the final action on your case before being destroyed. Certain material will be retained longer for statistical and monitoring purposes.

The information provided as part of our Equal Opportunities Assessment will only be used by FRU staff for the purposes of equality monitoring. It will not be accessible to volunteer representatives.

Information related to you or your case will be used for the purposes of statistical monitoring, strategic planning, publicity, campaigning and fund-raising. We may disclose statistics derived from data related to you or your case to other bodies for these purposes. We will, however, keep confidential information that identifies you unless we have your permission to disclose such information.

In order to obtain representation for you we may share information on a confidential basis with the Bar Pro Bono Unit, LawWorks, the Employment Lawyers Association and a number of other individuals and organisations who may be able to assist you. We will also share information with the organisation which referred your case to us.

Please sign below to confirm that you have read this information and consent to our use of this information in this way.

Client Signature: _____ Date: _____

- Complete all relevant information on the form and photocopy all the required case papers.
- Do not send double sided copies of the referral form; we can only accept single sided copies.
- Attach the completed referral form to the copied case papers and send them to us by post or in scanned form by email. We will acknowledge receipt of these papers in writing by email. Please ensure that you retain all of the original case papers. **Never send the original case papers to us.** Please note that we **do not** accept referrals by fax.
- Wait until one of our volunteer reps picks up the case, and contacts you and the client. Please do not phone FRU to confirm whether a case has been taken up. Whilst we endeavour to represent as many clients as possible, we do not have the resources to deal with this type of enquiry.
- FRU reserves the right to reject referrals with an incomplete referral form and/or missing documents

This is **Page 3 of 4**. Please ensure that all the relevant sections in pages 1-4 are completed.

Equal Opportunities Monitoring

Please ensure that your client completes this section.

The Free Representation Unit aims to practice equal opportunities, and represent cases irrespective of age, race, gender, sexual orientation, disability, physical appearance, creed, religion, political persuasion, etc.

In order to help us monitor the effectiveness of our equal opportunities policy, we request all clients to provide the information indicated below. This information will be stored in our computer system, and will only be used for monitoring and statistical analysis. **This section will be detached from the referral form, and will not be accessible by our volunteer representatives.**

❖ Age

My age is:

- 0-17 18-25 26-40 41-55 56-60 61-65 Over 65

❖ Gender

My Gender is:

- Male Female

❖ Ethnic Origin

I would describe my race or ethnic origin as: (Please tick)

- African Asian Black Caribbean Chinese
 Irish Latin American Middle Eastern Mixed White
 Other - please describe _____ Would prefer not to indicate

❖ Disability

Do you consider yourself to have a disability? Yes No

If yes, please tick any of the categories below that apply:

- Sensory Impairment Physical Impairment
 Learning Difficulties Mental Health Problems
 Other - Please describe: _____ Would prefer not to indicate

FRU Admin Notice: This page must be detached from the Referral Form once the case is logged.