



C2 APPLICATION FOR LEGAL ASSISTANCE UNDER THE VOLUNTARY FUNDS

SECTION A - INCIDENT DETAILS

Incident date	<input type="text"/>	Time	<input type="text"/>
Location	<input type="text"/>		
JBB ref	<input type="text"/>	Known Committee ref	<input type="text"/>
Linked Officers names	<input type="text"/>		

SECTION B - MEMBER/APPLICANTS DETAILS

Suffix	<input type="text"/>	D.O.B.	<input type="text"/>
First name	<input type="text"/>	Surname	<input type="text"/>
Date joined	<input type="text"/>	Collar/warrant	<input type="text"/>
Rank	<input type="text"/>	Annual salary	<input type="text"/>
Force	<input type="text"/>	Station	<input type="text"/>
Home Address	<input type="text"/>	Email	<input type="text"/>
Postcode	<input type="text"/>	Work Telephone	<input type="text"/>
Home Telephone	<input type="text"/>	Mobile	<input type="text"/>

In order for the Police Federation to comply with its obligations under the Equality Act 2010, we would be grateful if you could complete the following information. In completing this information you consent to the information being stored and retained electronically by the Police Federation. The information you supply will be kept confidential and will only be used to provide an overall analysis of our membership and the equality in the delivery of our services.

Ethnicity	<input type="text"/>	Gender	<input type="text"/>
Sexual Orientation	<input type="text"/>	Age	<input type="text"/>
Religion or Belief	<input type="text"/>		
Disability	<input type="text"/>		

SECTION C - FEDERATION REPRESENTATIVES DETAILS

Full name		Contact Tel/Mob	
Rank & number		Contact email	
Force		Station	

SECTION D - LEGAL ASSISTANCE REQUIRED

Please select all that apply:

	Yes	No
ADVICE - investigative stage, no formal proceedings have commenced	<input type="radio"/>	<input type="radio"/>
REPRESENTATION - formal proceedings have commenced (<i>attach relevant charge sheet, summons, NIP, claim form, regulation notice etc</i>)	<input type="radio"/>	<input type="radio"/>
APPEAL	<input type="radio"/>	<input type="radio"/>

Claim type		Known hearing date	
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Any notice served? (please attach)

Plea intentions

Additional relevant information to support this application (*Fixed box space - hold cursor over box for help text*)

SECTION E - EMPLOYMENT TRIBUNAL CASES & RIS ONLY

(go straight to Section F if this section does not apply)

The Police Federation of England and Wales has designed this Resolution Information Section (RIS) to improve the service its representatives give to its members on matters of equality and diversity and to assist in the seamless delivery of advice given both by its representatives and its external solicitors. It should be completed in all cases where representatives are asked to advise or assist a member and/or negotiate a resolution within an internal Grievance or Fairness at Work Procedure.

This RIS must be completed where representatives are advising members who are involved, or are likely to become involved, in Employment Tribunal (ET) proceedings and/or where legal advice or representation may be required.

(Fixed box space - hold cursor over boxes for help text)

Summary of issues

Details of Force procedures

Details of witnesses

Details of documents or other evidence

What do you want to achieve by pursuing this matter

Please indicate on what grounds you believe that the treatment amounts to unlawful discrimination. Remember that the treatment may be unfair, but it is unlawful only if you suffer a detriment on grounds prohibited by the anti-discrimination legislation (please select all those that apply).

	Applies	Does not apply
Age	<input type="radio"/>	<input type="radio"/>
Gender reassignment	<input type="radio"/>	<input type="radio"/>
Pregnancy & maternity	<input type="radio"/>	<input type="radio"/>
Religion or belief	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>
Marriage & civil partnership	<input type="radio"/>	<input type="radio"/>
Race	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>

Please indicate what type of unlawful treatment you have received (please select all those that apply)

	Applies	Does not apply
Direct discrimination	<input type="radio"/>	<input type="radio"/>
Indirect discrimination	<input type="radio"/>	<input type="radio"/>
Harassment	<input type="radio"/>	<input type="radio"/>
Victimisation	<input type="radio"/>	<input type="radio"/>
Failure to make reasonable adjustments	<input type="radio"/>	<input type="radio"/>
Discrimination arising from disability	<input type="radio"/>	<input type="radio"/>

Other claims you may have:

	Applies	Does not apply
Health & safety	<input type="radio"/>	<input type="radio"/>
Part time workers (prevention of less favourable treatment)	<input type="radio"/>	<input type="radio"/>
Whistle blowing	<input type="radio"/>	<input type="radio"/>

What detriment do you believe you have suffered because of the treatment?

Additional information

(Please include here any other legal advice requested or proceedings being taken regarding these issues)

CLAIMANTS ONLY

	Yes	No
Has an ET1 been made to the Tribunal?	<input type="radio"/>	<input type="radio"/>
Are the issues still ongoing?	<input type="radio"/>	<input type="radio"/>
Has an ET3 been filed with the Tribunal?	<input type="radio"/>	<input type="radio"/>

If YES, what date was it registered?

Date of last discriminatory act/omission

What was/is the date for filing the ET3?

RESPONDENTS ONLY

	Yes	No
Has an ET3 been filed with the Tribunal in your name?	<input type="radio"/>	<input type="radio"/>

What was/is the date for filing the ET3?

SECTION F - MEMBER DECLARATION - TERMS & CONDITIONS

I certify that the incident or issue arose:

	Yes	No
Whilst I was engaged on police duty	<input type="radio"/>	<input type="radio"/>
Whilst I was travelling to or from police duty	<input type="radio"/>	<input type="radio"/>
Is related to police duty	<input type="radio"/>	<input type="radio"/>

I understand that the Police Federation of England & Wales, known here as PFEW, will not be responsible for any costs incurred prior to its written instructions being sent to PFEWs appointed solicitors. I am aware that I may instruct my own solicitor but that I will do so at my own expense.

I understand that by seeking legal assistance I am agreeing to the processing by PFEW and PFEWs appointed solicitors, of information provided by me to PFEW for the purposes of PFEW funding legal services for me. I understand that this information will be maintained electronically by PFEW and destroyed approximately 6 years following completion of work relating to my application. I also understand that PFEW may wish to process my personal information for personnel, administration and organisational management purposes. I understand that all personal information is treated with the utmost confidentiality and in compliance with the Data Protection Act 1998. By agreeing the terms and conditions within this application I acknowledge that I am providing PFEW with my consent to these uses.

In consideration of PFEW granting legal assistance to me, I understand that if, as a result of any dishonest or wilful declaration, act, omission or exaggeration on my part, PFEW incurs liability for legal costs and/or disbursements that are not recoverable from a third party, then I will be liable to reimburse such costs and/or disbursements to PFEW.

I acknowledge that in the event of any costs awarded against me in a civil/employment claim being made on the basis of any adverse judicial findings and/or my unreasonable conduct, I will be personally liable for those costs. In any other circumstances where costs are awarded against me PFEW, may, at its discretion, agree to pay some or all of these costs.

I understand that if an adverse prosecution costs order or Court costs are awarded against me then I will be personally liable for those costs. In the event of any recovery of damages, I authorise that such costs are payable from my damages.

I understand that, if funding is granted, my case will be monitored and reviewed throughout its life and that PFEW has absolute discretion to decide whether or not funding will continue to be provided. I acknowledge that PFEW will only meet appropriate legal costs which have been reasonably incurred.

I give consent for any appointed solicitor, barrister or other legal representative to share any information / advice on my case with PFEW on their request.

Member's signature

Date

FOR EMPLOYMENT TRIBUNAL CASES ONLY

I confirm that if I am granted legal assistance by PFEW, I agree and understand the following:

- 1 - PFEW are authorised to advance Employment Tribunal fees on my behalf once the relevant decision maker of the separate rank committee has authorised funding in my particular case.*
- 2 - PFEW could recover costs and fees on my case either from the Force or the Employment Tribunal and that all sums recovered will be retained by PFEW.*
- 3 - I acknowledge that it remains my personal responsibility to make sure that my claim is submitted to the Employment Tribunal within the time limit and that the appropriate fees are paid directly to the Employment Tribunal.*
- 4 - I will personally pay the Employment Tribunal fees if the C2 application is received at PFEW nearer to the Employment Tribunal deadline and a protective claim (ET1) needs to be submitted.*
- 5 - Should my funding application to PFEW be unsuccessful, I understand that I will not be able to recover any fees I have paid in respect of my claim. However, if my funding application is successful, I can recover the fees I have paid to the Employment Tribunal from PFEW.*

Member's signature

Date

SECTION G - FOR COMPLETION BY
BRANCH BOARD SECRETARY/DECISION MAKER

MEMBERS ELIGIBILITY FOR LEGAL ASSISTANCE:

	Yes	No
The Applicant is a contributor to the PFEWs Voluntary Fund	<input type="radio"/>	<input type="radio"/>
The Applicant was a contributor to PFEWs Voluntary Fund on the date of the incident	<input type="radio"/>	<input type="radio"/>
The Applicant is entitled to seek the assistance of the PFEW	<input type="radio"/>	<input type="radio"/>

REVIEW BY BRANCH BOARD DECISION MAKER

(THIS SECTION MUST BE COMPLETED IN ALL CASES)

Please detail what steps have been taken at a local level to seek to resolve this matter prior to this application for legal assistance *AND* provide an explanation as to why legal advice / representation is required over and above any assistance that may be provided by a suitably qualified 'police friend'

POLICE & CRIME COMMISSIONER FUNDING:

	Yes	No
An application has been made to the office of the PCC for assistance	<input type="radio"/>	<input type="radio"/>
The application was refused	<input type="radio"/>	<input type="radio"/>
The application was successful but is not acceptable to the member	<input type="radio"/>	<input type="radio"/>

NOMINATED LEGAL SERVICE PROVIDER:

	Yes	No
This case is suitable for the Licensed/Direct Access (Bar Direct) Schemes	<input type="radio"/>	<input type="radio"/>

I understand that legal services will be provided by PFEWs retained panel solicitors at the discretion of the relevant Central Committee General Secretary or Deputy General Secretary.

Name & address details
of Solicitor and/or
Barrister

Contact Telephone

Contact Email

Reference number (if
any)

I CONFIRM THIS CASE ARISES FROM AN INCIDENT WHICH IS COVERED BY THE FUND RULES. ALL RELEVANT CIRCULARS AND ENTRIES IN THE LEGAL SERVICE FUNDING CRITERIA, PROCEDURES AND MEMBERSHIP SERVICES HANDBOOK HAVE BEEN COMPLIED WITH.

Signature

Date

Full name

Capacity

Print