



C2 - APPLICATION FOR LEGAL ASSISTANCE UNDER THE VOLUNTARY FUNDS

(1) INCIDENT DETAILS

Incident date	<input type="text"/>	Time	<input type="text"/>
Location	<input type="text"/>		
JBB Reference	<input type="text"/>		
Known Committee Reference	<input type="text"/>		
Solicitors Name & Reference	<input type="text"/>		
Linked Officer's Names	<input type="text"/>		

(2) MEMBER/APPLICANT'S DETAILS

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>
Rank	<input type="text"/>	Collar/Warrant	<input type="text"/>
Force	<input type="text"/>	Station	<input type="text"/>
Contact Tel/Mob	<input type="text"/>	Contact Email	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>		

(3) FEDERATION OFFICAL/REPRESENTATIVE'S DETAILS

Full Name	<input type="text"/>	Contact Tel/Mob	<input type="text"/>
Rank & Number	<input type="text"/>	Contact Email	<input type="text"/>
Station	<input type="text"/>	Force	<input type="text"/>

(4) LEGAL ASSISTANCE REQUIRED

Advice - no formal proceedings have commenced	<input type="checkbox"/>
Representation - formal proceedings have commenced (<i>attach relevant charge sheet/summons/NIP, claim form</i>)	<input type="checkbox"/>
Appeal	<input type="checkbox"/>

Known hearing date(s)

Criminal (<i>assault, road traffic, etc.</i>) <input type="checkbox"/>	Employment Applicant (<i>complete Resolution Information Sheet & provide copy of ET1 if available</i>) <input type="checkbox"/>
Defamation/Privacy (<i>attach copy article & report of facts</i>) <input type="checkbox"/>	Employment Respondent (<i>complete Resolution Information Sheet & provide copy of ET3</i>) <input type="checkbox"/>
CICA (<i>criminal injuries compensation</i>) <input type="checkbox"/>	Unlawful Arrest/Detention (<i>attach copy custody record & report of facts</i>) <input type="checkbox"/>
Medical Pension (<i>complete information sheet</i>) <input type="checkbox"/>	Miscellaneous (<i>attach all relevant documentation & report of facts</i>) <input type="checkbox"/>

(5) CONDUCT/PERFORMANCE

Advice	<input type="checkbox"/>
Representation	<input type="checkbox"/>

Known meeting / hearing date

Misconduct	Performance
Reg 15 / Reg 14A Misconduct <input type="checkbox"/>	Reg 28 Gross Incompetence <input type="checkbox"/>
Reg 15 / Reg 14A Gross Misconduct <input type="checkbox"/>	Reg 27 Performance <input type="checkbox"/>
Reg 21 <input type="checkbox"/>	Police Appeals Tribunal (PAT) <input type="checkbox"/>
Reg 43 Special Case Certificate <input type="checkbox"/>	
Police Appeals Tribunal (PAT) <input type="checkbox"/>	

Plea Intentions	PAT
Not guilty <input type="checkbox"/>	Challenge findings <input type="checkbox"/>
Guilty <input type="checkbox"/>	Challenge outcome <input type="checkbox"/>
Undecided <input type="checkbox"/>	Challenge both findings/outcome <input type="checkbox"/>

(6) ADDITIONAL INFORMATION TO SUPPORT APPLICATION

Empty box for additional information to support application.

(7) MEMBER DECLARATION

I certify that the incident arose:

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

I understand that the Police Federation will not be responsible for any costs incurred prior to its written instructions being sent to the Police Federation's appointed solicitors. I am aware that I may instruct my own solicitor but that I can only do so at my own expense.

I understand that by seeking legal assistance I am agreeing to the processing by the Police Federation and the Police Federation's appointed solicitors, of information provided by me to the Federation for the purposes of the Federation funding legal services for me. I understand that this information will be maintained electronically by the Police Federation and destroyed approximately 6 years following completion of work relating to my application. I understand that all personal information is treated with the utmost confidentiality and in compliance with the Data Protection Act 1998.

In consideration of the Police Federation granting legal assistance to me, I understand that if, as a result of any dishonest or wilful act or omission or exaggeration on my part, the Police Federation 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 the Police Federation. In the event of any recovery of damages I authorise that such costs are payable from my damages.

MEMBER'S SIGNATURE	DATE
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(8) FOR COMPLETION BY THE BRANCH BOARD SECRETARY

Member's eligibility for legal assistance

Applicant is a contributor to the Police Federation Voluntary Funds	<input type="radio"/> Yes <input type="radio"/> No
Applicant was a contributor to the Police Federation Voluntary Funds on the date of the incident/issue	<input type="radio"/> Yes <input type="radio"/> No
Applicant is entitled to seek the assistance of the Police Federation	<input type="radio"/> Yes <input type="radio"/> No
This case is suitable for Licence Access (BarDirect)	<input type="radio"/> Yes <input type="radio"/> No

(9) NOMINATED LEGAL SERVICE PROVIDER

I understand that legal services will be provided by the Police Federation's retained panelled solicitors at the discretion of the relevant Central Committee General Secretary or Deputy General Secretary.

Name of Solicitor/Barrister	<input type="text"/>
Name and Address of Firm/Chambers	<input type="text"/>
Contact Tel	<input type="text"/>
Contact Email	<input type="text"/>
Reference (if any)	<input type="text"/>

(10) POLICE AUTHORITY FUNDING

An application has been made to the Police Authority for assistance	<input type="radio"/> Yes <input type="radio"/> No
The application has been refused <i>(please detail the reasons for the refusal)</i>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	
The application was successful but is not acceptable to the member <i>(please explain why it is not acceptable)</i>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	

I confirm this case arises from an incident which is covered by the Fund Rules. All relevant Circulars and entries in the Branch Board Secretaries Handbook have been complied with.

SIGNED:	DATE
NAME	
JBB Secretary / Deputy Secretary (or designated approved signatory)	

EQUALITY MONITORING INFORMATION FORM

In order for the Police Federation to comply with its obligations under the Equality Act 2010, we would be grateful if you could complete this form. In completing the form 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.

Please choose one option from each of the sections listed below.

YOUR ETHNIC GROUP

<input type="checkbox"/> White-British	<input type="checkbox"/> White-European	<input type="checkbox"/> White-Other	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed-White & Black Caribbean	<input type="checkbox"/> Mixed-White & Black African	<input type="checkbox"/> Mixed-White & Asian	<input type="checkbox"/> Mixed-White & Other
<input type="checkbox"/> Asian/Asian British-Indian	<input type="checkbox"/> Asian/Asian British-Pakistani	<input type="checkbox"/> Asian/Asian British-Bangladeshi	<input type="checkbox"/> Asian/British-Other
<input type="checkbox"/> Black/Black British-Caribbean	<input type="checkbox"/> Black/Black British-African	<input type="checkbox"/> Black/Black British-Other	<input type="checkbox"/> Other Ethnic Group
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say		

YOUR GENDER

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
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YOUR SEXUAL ORIENTATION

<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Prefer not to say
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YOUR AGE

<input type="checkbox"/> Under 20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> over 60	<input type="checkbox"/> Prefer not to say
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YOUR RELIGION OR BELIEF

<input type="checkbox"/> Christian	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> None	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to say			

The Equality Act 2010 protects disabled people and defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities. Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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