

BRANCH BOARD REF:



C3

APPLICATION FOR LEGAL REPRESENTATION UNDER THE VOLUNTARY FUNDS

Incident: Date Time Location

1. Has legal assistance been obtained previously in respect of this matter? Yes No

If YES give Central Committee reference

Lawyer's name and reference (if known)

Names of other members also seeking assistance in relation to this matter

TO BE COMPLETED BY THE APPLICANT

2. PERSONAL DETAILS

Full name Male/Female

Rank and number Force Station/Unit/Squad

Private address

Postcode

Telephone: Station Home Mobile

Email: Station Home Date of Birth

3. BRANCH BOARD DETAILS

Name of JBB Official in case Telephone

Name of Friend/Representative Rank and number

Station/Unit/Squad to which attached

Telephone: Station Home Mobile

Email: Station Home Date of Birth

C3

4. REASON(S) FOR WHICH REPRESENTATION SOUGHT (PLEASE TICK APPROPRIATE BOXES)

MISCONDUCT	
Special Case Hearing (fast track)	<input type="checkbox"/>
Misconduct Hearing	<input type="checkbox"/>
Appeal to Police Appeal Tribunal	<input type="checkbox"/>

PERFORMANCE	
Stage 3 Meeting (gross incompetence)	<input type="checkbox"/>
Appeal to Police Appeal Tribunal	<input type="checkbox"/>

5. Date for which hearing / stage 3 meeting is scheduled.....

6. HEARING/STAGE 3 MEETING

Regarding the allegation against me I intend, at this stage, to..... ADMIT DENY I AM UNDECIDED
 (SELECT ONE AS APPROPRIATE)

7. APPEAL

I intend, at this stage, to challenge the..... FINDINGS and / or OUTCOMES IMPOSED
 (SELECT AS APPROPRIATE)

8. I ENCLOSE COPIES OF ALL RELEVANT DOCUMENTS

9.1 DO **DO NOT** ...OBJECT TO THIS CASE BEING CONDUCTED BY WAY OF 'BAR DIRECT' IF DEEMED APPROPRIATE TO THE FEDERATION (**select one as appropriate - please discuss this with your Friend or Branch Board official**).

5. DECLARATIONS

- (A)** 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.
- (B)** 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 by the Police Federation and destroyed approximately 6 years following to completion of work relating to my application. I understand that all personal information is treated with the utmost confidentiality and with appropriate levels of security.

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 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 Federation. In the event of any recovery of damages I authorise that such costs are payable from my damages.

The following information is collected by the Federation to monitor delivery of its services. Any data provided will be used only for the purposes of such monitoring and the completion of this section will be treated as comprising your explicit consent to the processing of that data for that purpose only.

(C) Ethnicity

White-British <input type="checkbox"/>	White-Irish <input type="checkbox"/>	White-Other <input type="checkbox"/>	<input type="checkbox"/>
Mixed-White & Black Carribean <input type="checkbox"/>	Mixed-White & Black African <input type="checkbox"/>	Mixed-White & Asian <input type="checkbox"/>	Mixed-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"/>	Chinese <input type="checkbox"/>
Other (please specify) <input style="width: 500px; height: 20px;" type="text"/>			Prefer not to say <input type="checkbox"/>

(D) Sexual Orientation

Lesbian or Gay <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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(E) Age Group

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 <input type="checkbox"/>
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(D) Religion or Belief

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 (please specify)			Prefer not to say <input type="checkbox"/>

(G) Do you have a disability under the terms of the Disability Discrimination Act?

(i.e. a physical or mental impairment that has a substantial and long term adverse impact on your ability to carry out normal day to day activities)

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

TO BE COMPLETED BY THE BRANCH BOARD SECRETARY

11. (a) Applicant is a contributor to Police Federation Voluntary Funds Yes No
- (b) Applicant was a contributor to Police Federation Voluntary Funds on the date of incident/issue Yes No
- (c) Applicant is entitled to seek the assistance of the Police Federation Yes No
- (d) The case has been designated as being eligible for legal representation Yes No
- (e) The case is suitable for Bar Direct Yes No

I UNDERSTAND THAT LEGAL SERVICES will be provided by the Federation's retained or panelled lawyers. In exceptional and urgent circumstances approval may be granted by the Deputy General Secretary for the use of a member's nominated lawyer. If approval is sought please contact the Joint Central Committee Claims Office.

SIGNED **DATE**

FOR COMPLETION BY THE DEPUTY GENERAL SECRETARY, JOINT CENTRAL COMMITTEE

12. LEGAL REPRESENTATION / ADVICE RE PLEA IN RESPECT OF HEARING / STAGE 3 HEARING / APPEAL

To be provided by (Solicitor's name and firm or, in Bar Direct cases, Barrister's name and chambers address)

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Authorised

Date