



APPLICATION FOR LEGAL ASSISTANCE

COLLECTIVE LEGAL ISSUES

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Please use BLOCK CAPITALS where appropriate.

NOTE: This form must only be used for matters of Employment Law.

This form must not be used for advice/assistance required for a specific member.

This application can only be made by Regional Officials or higher.

SECTION ONE – PRIMARY DETAILS (Please state who requires legal assistance i.e. Region, Brigade/FRS)

Required for

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SECTION TWO – DETAILS OF MATTER

Please give a *detailed summary* of the matter for which legal assistance is required, and/or attach, and cite, copies of relate documents.

(This information is required in order to match invoices for legal fees with the correct files).

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SECTION THREE – ENDORSEMENT OF APPLICATION BY UNION OFFICIAL (REGIONAL OFFICIAL OR HIGHER)

Name

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Title/Position

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact Phone No

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Signature

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Date

D	D	M	M	Y	Y	Y	Y
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SECTION FOUR – HEAD OFFICE AUTHORISATION OF APPLICATION

Name

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Signature

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Date

D	D	M	M	Y	Y	Y	Y
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