You can use this form or phone free on UNISON's accident helpline on 0845 355 0845

## **Form RTA**

Payroll number (if known)



Legal assistance for members and member's families for road traffic accident claims resulting in personal injury.

This form is intended to provide UNISON's lawyers with brief details of your case. The lawyers will be arranging to meet you to take more detailed information.

| This section is to be complete   | ed fully by th                         | e Branch S                      | Secreta       | ary. The        | form will not be                      | proces | sea it | uns se | ection i | is not fu | lly comp | ole |
|--|--|---------------------------------|---------------|-----------------|---------------------------------------|--------|--------|--------|----------|-----------|----------|-----|
| Name of member (Please give a  | II the surnam                          | es you have                     | used)         |                 |                                       |        |        |        |          |           |          |     |
| UNISON region  |  |                                 |               |                 | UNISON membership number              |        |        |        |          |           |          |     |
| JNISON service group   |  |                                 |               |                 | Branch Secretary's name               |        |        |        |          |           | _        |     |
| Branch name and address  |  |                                 |               |                 | ] [                                   |        |        |        |          |           |          |     |
|  |  |                                 |               |                 |                                       |        |        |        |          |           |          |     |
| Date of joining UNISON   |  |                                 |               |                 |                                       |        |        |        | Male     |           | Female   | ; [ |
| confirm that the above r<br>the Branch Secretary's s   |  |                                 |               |                 |                                       |        |        |        |          |           | the in   | cic |
| Signed   |  |                                 |               |                 | Branch                                |        |        |        |          |           |          |     |
| 5.g. 10G   |  |                                 |               |                 |                                       | Date   |        |        |          |           |          |     |
| ection 2: Applican   |  | ls (to k                        |               | mple            | eted if the                           | pers   | on n   | eed    | ing l    | help i    | is no    | t   |
| Section 2: Applican<br>UNISON member   | but a m                                | ls (to k<br>ember               | e co          | mple            | eted if the                           | pers   | on n   | eed    | ing l    | help i    | is no    | t   |
| Section 2: Applican UNISON member  Name of applicant (only comple  | but a mo                               | ils (to k<br>ember              | e co          | mple            | eted if the                           | pers   | on n   | eed    |          |           |          |     |
| Section 2: Applican<br>UNISON member   | but a mo                               | ils (to k<br>ember              | e co          | mple            | eted if the                           | pers   | on n   | eed    | ing l    |           | is not   |     |
| Section 2: Applican UNISON member  Name of applicant (only comple  | but a mo                               | ber)                            | e co          | mple            | eted if the<br>amily)                 | pers   | on n   | eed    |          |           |          |     |
| Section 2: Applican a UNISON member  Name of applicant (only comple  Relation to applicant (only comp  | te if not mem elete if not me Yes/No   | ber)  If so, w                  | oe co         | omple<br>neir f | eted if the amily)                    | pers   | on n   | eed    |          |           |          |     |
| Section 2: Applican a UNISON member Name of applicant (only comple   | te if not mem  lete if not mem  Yes/No | ber)  If so, w                  | e co<br>of th | omple<br>neir f | eted if the amily)                    | pers   | on n   | eed    |          |           |          |     |
| Section 2: Applican UNISON member  Name of applicant (only completed applicant)  Relation to applicant (only completed applicant)  Are you a trade union member?   | te if not mem  lete if not mem  Yes/No | ber)  If so, w                  | e co<br>of th | omple<br>neir f | eted if the amily)                    | pers   | on n   | eed    |          |           |          |     |
| Section 2: Applican UNISON member Name of applicant (only completed applicant) (only completed applica | te if not mem  lete if not mem  Yes/No | ber)  If so, w                  | e co<br>of th | omple<br>neir f | eted if the amily)                    | pers   | on n   | eed    | Male     |           |          |     |
| Section 2: Applican UNISON member  Name of applicant (only completed applicant)  Relation to applicant (only completed applicant)  Are you a trade union member?  Section 3: To be convinced applicant (only completed applicant)  | te if not mem  lete if not mem  Yes/No | ber)  If so, w                  | e co<br>of th | omple<br>neir f | eted if the amily)                    | pers   | on n   | eed    | Male     | )         |          |     |
| Section 2: Applicant UNISON member Name of applicant (only completed applicant) (only completed applic | te if not mem  Ves/No  mpleted ember o | ber)  If so, w  by injury famil | hich tra      | ompleneir f     | eted if the amily)  n?  Date of birth | pers   | on n   | eed    | Male     | )         |          |     |

National Insurance number

section 3 continued

| Brief details of accident—documents are not needed with this form |
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| What injuries did you suffer?                                     |
| What injuries did you surior.                                     |
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## section 3 continued Name and address of driver responsible or other party involved Name and address of vehicle owner Name, model, year and registration number of vehicle (if known) Name and address of insurance company (if known) Policy holder's name and policy number and type (ie comprehensive or third party) (if known) Name and address of police station to which accident reported Name, number and address of police officer (if known)

| Form RTA                         | continued                   |   |                           |                                |                          |
|----------------------------------|-----------------------------|---|---------------------------|--------------------------------|--------------------------|
|                                  |                             |   |                           |                                |                          |
| Racial/etl                       | hnic monitorin              | g   |                           |                                |                          |
|                                  |                             | <del>-</del>  |                           |                                |                          |
|                                  |                             | ernal use only. It is gather<br>ial/ethnic origin. You may                    |                           |                                |                          |
| White                            | Black                       | Afro Caribbean  | African                   | Asian                          | Pakistani                |
| Indian                           | Chinese                     | Turkish   | Other                     |                                |                          |
|                                  |                             |   |                           |                                |                          |
| Authorisa                        | ition—applicar              | t and member  |                           |                                |                          |
| <ol> <li>I confirm th</li> </ol> | nat there is no solicitor a | cting for me.   |                           |                                |                          |
|                                  |                             | de whether to grant me legato nominate a solicitor to ac                      |                           | to its rules. If legal assista | ance is                  |
| of my clain                      | •                           | ugh I, like all solicitors' clien<br>fy me—i.e. will pay all legal<br>scheme. |                           | <u> </u>                       |                          |
| These condition                  | tions are:-                 |   |                           |                                |                          |
| (i) I (or if app                 | olicant not a member,       | the member) must remain   | a member of UNISO         | N and continue to pay l        | JNISON contributions.    |
| (ii) Legal assi                  | istance may be withdr       | awn if I do not co-operate  | e with or if I do not fol | llow the advice of the so      | olicitors acting for me. |
| (iii) Legal assi<br>is unreaso   |                             | awn if in the view of the N   | lational Executive Co     | uncil continuance of sup       | pport for my claim       |
| 1. Signature o                   | f member                    |   | 2. Signature of ap        | oplicant (if over 16) or pare  | ent/guardian             |
|                                  |                             |   |                           |                                |                          |
| Date                             |                             |   |                           |                                |                          |

Please return completed form to: UNISON Legal PO 80x 3461

Sheffield S1 4XT

