



CASEFORM

FOR MEMBERS WITH BAND 2 TO BAND 3 NEW AND CHANGED JOB REQUEST

UNISON

PROCESS

1. Complete the caseform with your information and return to the branch in the prepaid envelope provided.
2. Your information will be passed to the steward for your area to assess your case.
3. You will be expected to prove that your role and the clinical duties you undertake are not within the scope of Agenda for change Band 2 National Profile. The steward will discuss this with you.
4. If this is agreed, UNISON will submit a new and changed job description request to management for consideration and will negotiate on your behalf.
5. Should management reject your claim, UNISON will submit a grievance and negotiate on your behalf.

CONDITIONS FOR PROVIDING ASSISTANCE

1. UNISON seeks to ensure that members are provided with the best possible assistance and advice to receive a satisfactory outcome to matters of grievance. UNISON will determine the most appropriate representative for your case. This may mean reallocating your case at a later stage and you will be informed of any such decision.
2. You are expected to co-operate with your representative by being honest and frank about any grievance you have. Your representative can only assist you if they are in possession of the full facts. Failure to co-operate can lead to UNISON support being withdrawn.
3. You must notify your representative immediately if your circumstances change or if any new information comes to light during your case.
4. In the event of support being withdrawn you have the right of appeal to the Branch Secretary in the first instance.
5. You must remain a member of UNISON throughout any period during which UNISON is providing assistance to you.

DECLARATION

I agree to the conditions of assistance set out in this caseform. I confirm that the information provided is a true and accurate record. I agree to this information being shared with a third party in respect of any actions in accordance with the Data Protection Act 1998.

I understand that no information will be shared with any marketing. I confirm my membership subscriptions are up to date.

Signature of member

Date

BECOME ACTIVE

I would be interested in supporting UNISON by becoming:

- A workplace contact A UNISON Representative A Health & Safety Representative
- Please send me information on how I can become more active in UNISON

NEW AND CHANGED JOB REQUEST

Health Care Assistant / Auxiliary Nurse / Nurse Assistant / HCSW

Member details

Title	Name	Initials	Surname
Address 1			Date of Birth
Address 2			Home Telephone
Town/City			Email address
Postcode			Membership / NI Number

Work details

Workplace	Site/Dept
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I request a Job Description that reflects the duties I actually do on a day to day basis.

I believe that the work I undertake is beyond that of personal care and should be regraded in accordance with the new and changed jobs scheme.

Duties undertaken which are not within the scope of the A4C Band 2 National Profile for my role include: (Tick)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Venepuncture | <input checked="" type="checkbox"/> Cannulation | <input checked="" type="checkbox"/> Urinalysis Testing |
| <input checked="" type="checkbox"/> FOB Testing | <input checked="" type="checkbox"/> Basic Life Support | <input checked="" type="checkbox"/> SCI Audit System |
| <input checked="" type="checkbox"/> Nutritional Screening | <input checked="" type="checkbox"/> BMI Charts | <input checked="" type="checkbox"/> Blood Pressures |
| <input checked="" type="checkbox"/> Pregnancy Testing | <input checked="" type="checkbox"/> MRSA Screening | <input checked="" type="checkbox"/> Basic Dressings |
| <input checked="" type="checkbox"/> Removal of cannulae | <input checked="" type="checkbox"/> Escorting patients | <input checked="" type="checkbox"/> PC Skills |
| <input checked="" type="checkbox"/> Stoma Bag Changing | <input checked="" type="checkbox"/> Wound Observation | <input checked="" type="checkbox"/> Completing Patients daily charts |
| <input checked="" type="checkbox"/> Making entries in patients records | | |

Any Other Duties deemed relevant outside of personal care can be added here or attached on an A4 paper, giving a concise explanation.

I agree that the above information is accurate

Signature	Date
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For Office Use Only

Date

Form received by Branch Office

Date

Member's details added to database

Date

Details passed to site lead steward

Date

Discussion / meeting with member

Date

Caseform submitted to management

Date

Claim successful

Date

Claim rejected

Why claim rejected / delayed

Date

Referred to steering group

Date

Grievance submitted

Information

Date

Member sent activist information / steward nomination form