Please complete this application in conjunction with the Guide to the JIB Disputes Procedure booklet. This Guide is available on the JIB website or can be requested from ir@jib.org.uk

If you are a Unite the Union Regional Officer seeking to bring a claim for a breach of National Working Rule 17, please use the specific form for Rule 17 claims in conjunction with the Guidance Booklet for Rule 17 claims, which are both available on the JIB website or can be requested from ir@jib.org.uk

DISPUTES PROCEDURE APPLICATION FORM

If you are a member of Unite the Union you should contact your Regional Officer for advice before completing this form. **Please note that Unite is the only trade union permitted to represent within the disputes procedure.** **THIS FORM MUST BE RETURNED WITHIN 3 MONTHS OF THE ACTION COMPLAINED OF**

Joint Industry Board

PO Box 127, Swanley, Kent BR8 9BH
T: 01322 661600   **E:** ir@jib.org.uk
www.jib.org.uk

Please send this form and accompanying documentation to the Industrial Relations Department or email to ir@jib.org.uk

1. YOUR DETAILS:

Name:

Address:

Phone number: **email:**

JIB Grade: **ECS Number:**

Are you a member of Unite?: Yes ☐   **No** ☐

2. DETAILS OF REPRESENTATIVE *(please note that any future correspondence will be sent to your representative and to yourself by way of the email address provided above):*

Name:

Organisation/company:

Address:

Phone number: **email:**

3. DETAILS OF RESPONDENT *(i.e. the employer against whom the claim is made):*

Name of Employer:

Contact Name:

Address:

Phone number: **email:**

4. EMPLOYMENT PARTICULARS:

When did your employment start (and end if applicable)?:

Which site were you working on at the time?:

5. COMPLETION OF THE INTERNAL MACHINERY:

Have you raised this claim through the company's internal machinery?: Yes ☐ No ☐

If so, when did you first raise it in writing?

Has the appeals procedure been exhausted?: Yes ☐ No ☐

If so, what was the date of the final appeal hearing?

Note: in order to ensure that you are not penalised in any way we would strongly recommend that you complete the internal procedures. Failure to do so may result in any award being made reduced by up to 25% in line with the Acas Code of Practice – Disciplinary and Grievance Procedures.

PLEASE PROVIDE COPY OF RELEVANT LETTERS AND DOCUMENTATION IF APPLICABLE

6. DETAILS OF CLAIM(S) *(continue on a separate sheet if necessary):*

Please provide details of your claim(s) including dates:

7. BREACH(ES) OF THE NATIONAL WORKING RULES *(continue on a separate sheet if necessary):*

If you believe the JIB National Working Rules have been breached in relation to your employment with the Company then please state which Rule(s) you believe have been broken and the reasons for this (if not detailed above):

REMEDY:

What payments do you believe you are owed as a result of your claim and how is this calculated:

i. **Notice pay:** [   ] £ [   ]

ii. **Redundancy pay:** [   ] £ [   ]

iii. **Holiday pay:** [   ] £ [   ]

iv. **Arrears of pay:** [   ] £ [   ]

v. **Other payments** *(please specify)***:**

[   ] £ [   ]

UNFAIR DISMISSAL CLAIMS ONLY:

vi. **If your claim is successful please confirm which you are seeking: Reinstatement:** [   ] **Re-engagement:** [   ] **Compensation:** [   ]

vii. **Did you receive any notice pay?: Yes** [   ] **No** [   ] **If yes, how much?:** [   ]

viii. **Did you receive redundancy pay (if applicable)?: Yes** [   ] **No** [   ] **If yes, how much?:** [   ]

ix. **Did you register with the Job Centre as unemployed?: Yes** [   ] **No** [   ] **If so, when?:** [   ]

x. **Have you received any benefits?: Yes** [   ] **No** [   ] **If yes, how much?:** [   ] **Period Covered:** [   ]

xi. **Were you unemployed following your dismissal?: Yes** [   ] **No** [   ] **If yes, please give dates:** [   ]

xii. **Have you restarted work or are due to start a new job?: Yes** [   ] **No** [   ]

If yes, please give the date you started or are due to start: [   ]

xiii. **Is this employment with a JIB member?: Yes** [   ] **No** [   ] **If no, what is your hourly rate of pay?:** [   ]

I confirm that the information given on this form is accurate to the best of my knowledge and belief. I have received and read the JIB Guide to the Disputes Procedures and the JIB's role in mediation, conciliation and disputes.

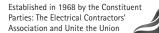**Signed** [   ] **Dated** [   ]