

Draft Claimant's form (ET1)


Date received :

Section A – ESSENTIAL INFORMATION

You must give this Information for your claim to be accepted

1	Your details										
1.1	Title:	Mr		Mrs		Miss		Ms		Other	
2	First name (or names):										
3	Surname or family name:										
4	Date of birth (date/month/year):						Male		Female		
							Are you?				
5	Address:	Number or Name									
		Street									
		+ Town/City									
		County									
		Postcode									
	Phone number including area code (where we can contact you in the day time)										
	Mobile Number (if different)										
	How would you prefer us to contact you? (Please tick only)		E- mail		Post		Fax				
	E-mail address:										
	Fax Number										
2	Respondent's details (that is the employer, person or organisation against whom you are making the claim)										
L	Give the name of your employer or the person or organisation you are claiming against. (You can add more respondents at 2.4 if you										

	need to)		
	Address:	Number or Name	
		Street	
		+ Town/City	
		County	
		Postcode	
		Phone Number	
	If you worked at a different address from the one you have given at 2.2, please give the full address and postcode.	Number or Name	
		Street	
		+ Town/City	
		County	
		Postcode	
		Phone Number	

	<p> are other respondents please tick this box and put their names and addresses here. (If there is not enough room here for the names of all the additional respondents then you can add any others at Section 14.)</p>		
	Respondent 2:		
	Name:		
	Address:	Number or Name	
		Street	
		+ Town/City	
		County	
		Postcode	
	Respondent 3:		
	Name:		
	Address:	Number or Name	
		Street	

		+ Town/City	
		County	
		Postcode	
3	Multiple Cases		
3.1	Are you aware that your claim is one of a number of claims against the same employer arising from the same, or similar, circumstances? If so, if you know the names of any other claimants, add them here.	Yes	No
Names of other Claimants:			
3	4	Cases where the respondent was not your employer	
3.1	4.1	<p>If you were not employed by any of the respondents you have named but are making a claim for some reason connected to employment (for example, relating to a job application which you made or against a trade union, qualifying body or the like) please state the type of claim you are making here. (You will get the chance to provide details later):</p> <p>Now go to Section 85</p>	
5	Employment Details		
5.1	If you are or were employed please give the following information if possible		
	When did your employment start?		
	Is your employment continuing?	Yes	No
	If your employment has ended, when did it end?		
	If your employment has not ended, are you in a period of notice and, if so, when will that end?		
5.2	Please say what job you do or did.		
6	Earnings and benefits		
6.1	So far as the job giving rise to the claim is concerned, how many hours on average do, or did you work each week?	Hours each week	

6.2	How much are, or were you paid?		
	Pay before tax	£	Monthly _____ Weekly _____
	Normal take-home pay (including overtime, commission, bonuses and so on)	£	Monthly _____ Weekly _____
6.3	If your employment has ended, did you work (or were you paid for) a period of notice?	Yes _____	_____ No _____
	If 'Yes', how many weeks, or months' notice did you work, or were you paid for?	Weeks	Months
6.4	Were you in your employer's pension scheme?	Yes _____	_____ No _____
6.5	If you received any other benefits, e.g. company car, medical insurance, etc, from your employer, please give details.		
7	If your employment with respondent has ended, what has happened since?		
7.1	Since your employment ended have you got another job? _____ Yes _____ No _____		
	If "No", please go straight to section 8		
7.2	Please say when you started (or will start) work.		
7.3	Please say how much you are now earning (or will earn):		
4 &	What you want if your claim is successful?		
4.1	8.1	Please tick the relevant box(es) to say what you want if your claim is successful:	
		If claiming unfair dismissal, to get your old job back and compensation (reinstatement)	
		If claiming unfair dismissal, to get another job with the same employer or associated employer and compensation (re-engagement)	

Compensation only		
If claiming discrimination, a recommendation (see Guidance).		
Any other remedy or relief – Please state what this is and see Guidance?		
5	9	Type and details of claim
5.1	9.1	Please indicate the type of claim you are making by ticking one or more of the boxes below.
I was unfairly dismissed (including constructive dismissal)		
I was discriminated against on the grounds because of:		
Age		
Gender Reassignment	Age	Disability Gender Reassignment
Disability		Pregnancy or Maternity
Pregnancy or Maternity	Marriage or civil partnership	Race
Religion or Belief		Sexual Orientation
Sexual Orientation	Sex (including equal pay)	Other please specify
I am claiming		
I am owed		A redundancy payment
		notice pay
		holiday pay
		arrears of pay
		other payments
I am making another type of claim which the Employment Tribunal can deal with. (Please state the nature of the claim. Examples are provided in the Guidance.)		
9.2	Please set out the background and details of your claim in the space below.	
	The details of your claim should include the date(s) when the event(s) you are complaining about happened . Please use the blank sheet at the end of the form if needed.	
Contd		

~~If you are claiming financial compensation then, in so far as you are able to do so, please state how much you are claiming and how you have calculated this sum. (Please note any figure stated below will be viewed as helpful information but it will not restrict what you can claim and you will be permitted to revise the sum claimed later. See the Guidance for further information about how you can calculate compensation). If you are seeking any other remedy from the Tribunal which you have not already identified please also state this below.~~

Information to regulators in protected disclosure cases

11.1 ~~If your claim consists of, or includes, a claim that you are making a protected disclosure under the Employment Rights Act 1996 (otherwise known as a 'whistleblowing' claim), please tick the box below if you wish a copy of this form, or information from it, to be forwarded on your behalf to a relevant regulator (known as a 'prescribed person' under the relevant legislation) by tribunal staff. (See Guidance).~~

[YOU MUST PROVIDE DETAILS OF YOUR CLAIM AT THE END OF THIS FORM](#)

Your representative		
Fill in this section only if someone has agreed to represent you. If you do fill this in we will in future only contact your representative and not you.		
Representative's name:		
Name of the representative's organisation		
Address:	Number or Name-	
	Street	
	+ Town/City	
	County	
	Postcode	
Phone number (including area code):		
Mobile number (if different):		
E-mail address:		
Disability		
<p>Please tick this box if you consider you have a disability</p> <p>Please say what this disability is and tell us what assistance, if any, you will need as your claim progresses through the system, including for any hearings that may need to be held at tribunal premises.</p>		
Details of Additional Respondents – section 2.4 allows you to list up to three respondents. If there are any more respondents please provide their details here		
Name of respondent 4		
Address:	Number or Name-	
	Street	
	+ Town/City	
	County	
	Postcode	

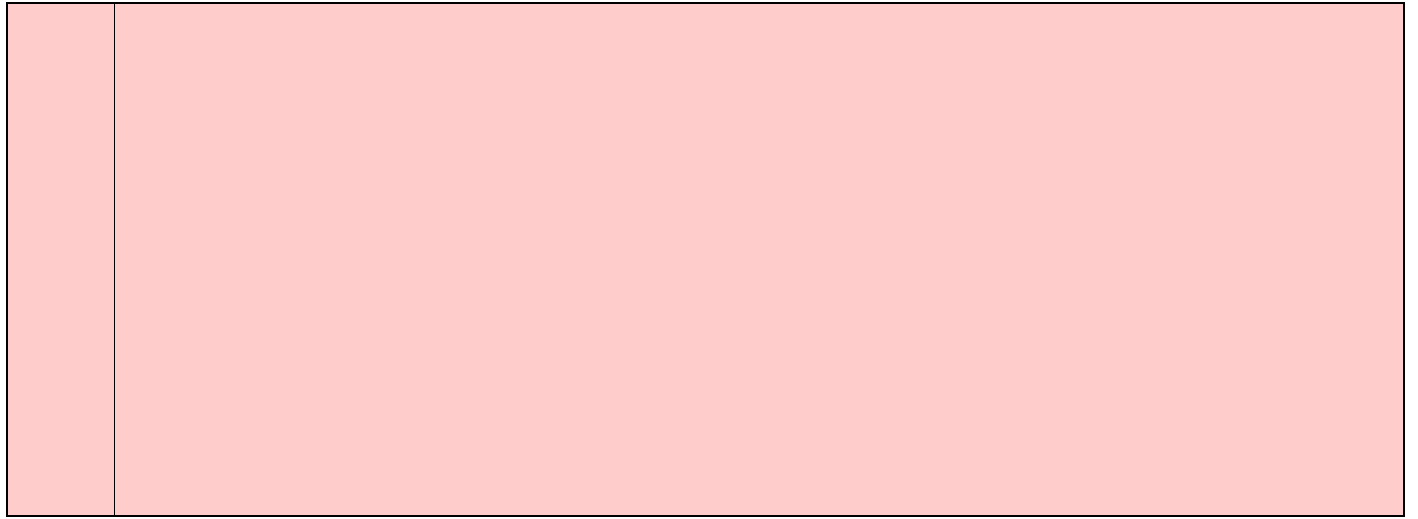
Name of respondent 5		
Address:	Number or Name-	
	Street	
	+ Town/City	
	County	
	Postcode	

15 **Please read the form and check you have entered all the relevant information.**

Once you are satisfied, please tick this box.

Data Protection Act 1998. We will send a copy of this form to the respondent(s) and Acas. We will, if your claim consists of, or includes, a claim that you have made a protected disclosure under the Employment Rights Act 1996 (and you have given your consent that we should do so) send a copy of the form, or extracts from it, to the relevant regulator. We will put the information you give us on this form onto a computer. This helps us to monitor progress and produce statistics. Information provided on this form is passed to the Department for Business, Innovation and Skills to assist research into the use and effectiveness of employment tribunals.

Please use this space to provide any important additional information about your claim which you have not been able to include so far.



Section B – ADDITIONAL INFORMATION

You should complete this section so that we can process your Claim more efficiently

6	Employment Details		
6.1	If you are or were employed please give the following information if possible When did your employment start?		
	[REDACTED] employment continuing?	Yes	No
	If your employment has ended, when did it end?		
	If your employment has not ended, are you in a period of notice and, if so, when will that end?		
6.2	Please say what job you do or did.		
7	What compensation or remedy are you seeking?		
7.1	Compensation		
	Please provide the information below to assist in calculating your financial losses		
7.2	So far as the job [REDACTED] to the claim is concerned, how [REDACTED] on average do, or did you work each week?	Hours each week	
7.3	How much are, or were you paid?		
	Pay before tax <input type="text"/> <input type="text"/> <input type="text"/>	£	Monthly _____ Weekly _____ Hourly _____
	Normal take-home pay (including overtime, commission, bonuses and so on) <input type="text"/>	£	Monthly _____ Weekly _____ Hourly _____
	Date of birth [REDACTED] [REDACTED] [REDACTED] (d) [REDACTED] [REDACTED]	Male _____ Female _____ Are you?	
	What was your age at last day of employment	How many years were you employed	
	[REDACTED] employment has ended, did you work (or [REDACTED] paid for) a period of notice?	Yes	No
	[REDACTED] many weeks, or months' notice did [REDACTED] or were you paid for?	Weeks	Months

	<p><u>Do you belong to your employer's pension scheme?</u></p> <p><u>If yes how much did your employer contribute to your pension :</u></p> <p><u>£</u></p>	<p><u>Yes</u></p>	<p><u>No</u></p>
	<p><u>Did you received any other benefits, e.g. company car, medical insurance, etc, from your employer, please give details:</u></p>		
	<p><u>Benefit</u></p>	<p><u>Value</u></p>	
7.9	<p><u>If your employment with the Respondent has ended, what has happened since?</u></p>		
)	<p><u>Since your employment ended have you got another job? _____ s _____ o _____</u></p>		
L	<p><u>Please say when you started (or will start) work.</u></p>		
7.12	<p><u>Please say how much you are now earning (or will earn).</u></p>		
	<p><u>How much would you have earned to date if you had remained in employment or not been subjected to discrimination:</u></p> <p><u>£</u></p> <p><u>How much have you earned in the same period</u></p> <p><u>£</u></p>		
	<p><u>How much do you think you will continue to lose financially</u></p> <p><u>£</u> <u>per week/month</u></p>		
	<p><u>Other Remedies</u></p> <p><u>What other remedy are you seeking from the Employment Tribunal:</u></p>		
8	<p><u>Information to regulators in protected disclosure cases</u></p>		
	<p><u>If your claim consists of, or includes, a claim that you are making a protected disclosure under the</u></p>		

Employment Rights Act 1996 (otherwise known as a 'whistleblowing' claim), please tick the box below if you wish a copy of this form, or information from it, to be forwarded on your behalf to a relevant regulator (known as a 'prescribed person' under the relevant legislation) by tribunal staff. (See Guidance).

9

Your representative

Fill in this section only if someone has agreed to represent you. If you do fill this in we will in future only contact your representative and not you.

Representative's name:

Name of the representative's organisation

Address:

Number or Name

Street

+ Town/City

County

Postcode

Phone number (including area code):

Mobile number (if different):

E-mail address:

10

Disability

Please tick this box if you consider you have a disability

Please say what this disability is and tell us what assistance, if any, you will need as your claim progresses through the system, including for any hearings that may need to be held at tribunal premises.

Section C

You do not have to complete this section but it will help the Tribunal to process your claim more efficiently if you do so

Are you aware that your claim is one of a [redacted] claims against the same employer arising from the same, or similar, circumstances? If so, if you know the names of any other claimants, add them here.

Yes

No

Names of other Claimants:

Are you making a claim for others against the [redacted] employer arising from the same, or similar, circumstances?

Yes

No

If Yes please provide their details below

Additional Claimants Details – Please provide details of each additional Claimants below

Claimant 2

Title:

Mr

Mrs

Miss

Ms

Other

First name (or names):

Surname or family name:

Date of birth:

Male

Female

Are you?

Address:

Number or Name

Street

+ Town/City

County

Postcode

Phone number including area code (where we can contact you in the day time)

Mobile Number (if different)

How would you prefer us to contact you? (Please tick one box)

E- mail

Post

Fax

	<u>E-mail address:</u>										
	<u>Fax Number</u>										
<u>Claimant 3</u>											
	<u>Title:</u>	<u>Mr</u>		<u>Mrs</u>		<u>Miss</u>		<u>Ms</u>		<u>Other</u>	
	<u>First name (or names):</u>										
	<u>Surname or family name:</u>										
	<u>Date of birth:</u>	[Redacted]						<u>Male</u>		<u>Female</u>	
		[Redacted]						<u>Are you?</u>			
	<u>Address:</u>	<u>Number or Name</u>									
		<u>Street</u>									
		<u>+ Town/City</u>									
		<u>County</u>									
		<u>Postcode</u>									
	<u>Phone number including area code (where we can contact you in the day time)</u>										
	<u>Mobile Number (if different)</u>										
	<u>How would you prefer us to contact you? (Please tick one box)</u>	<u>E- mail</u>		<u>Post</u>		<u>Fax</u>					
		[Redacted]		[Redacted]		[Redacted]					
	<u>E-mail address:</u>										
	<u>Fax Number</u>										
<u>Claimant 4</u>											
	<u>Title:</u>	<u>Mr</u>		<u>Mrs</u>		<u>Miss</u>		<u>Ms</u>		<u>Other</u>	
	<u>First name (or names):</u>										
	<u>Surname or family name:</u>										
	<u>Date of birth:</u>	[Redacted]						<u>Male</u>		<u>Female</u>	
		[Redacted]						<u>Are you?</u>			
	<u>Address:</u>	<u>Number or Name</u>									

		<u>Street</u>	
		<u>+ Town/City</u>	
		<u>County</u>	
		<u>Postcode</u>	
	<u>Phone number including area code</u> (where we can contact you in the day time)		
	<u>Mobile Number (if different)</u>		
	<u>How would you prefer us to contact you?</u> (Please tick one box)	<u>E-mail</u>	<u>Post</u> <u>Fax</u>
		<input type="checkbox"/>	<input type="checkbox"/>
	<u>E-mail address:</u>		
	<u>Fax Number</u>		
<u>Claimant 5</u>			
	<u>Title:</u>	<u>Mr</u>	<u>Mrs</u> <u>Miss</u> <u>Ms</u> <u>Other</u>
	<u>First name (or names):</u>		
	<u>Surname or family name:</u>		
	<u>Date of birth</u>		<u>Male</u> <u>Female</u>
			<u>Are you?</u>
	<u>Address:</u>	<u>Number or Name</u>	
		<u>Street</u>	
		<u>+ Town/City</u>	
		<u>County</u>	
		<u>Postcode</u>	
	<u>Phone number including area code</u> (where we can contact you in the day time)		
	<u>Mobile Number (if different)</u>		
	<u>How would you prefer us to contact you?</u> (Please tick one box)	<u>E-mail</u>	<u>Post</u> <u>Fax</u>
		<input type="checkbox"/>	<input type="checkbox"/>
	<u>E-mail address:</u>		

	<u>Fax Number</u>	
--	-------------------	--

Please add details of additional Claimants on a separate sheet of paper

Details of Additional Respondents – section 2.4 allows you to list up to three respondents. If there are any more respondents please provide their details here

Name of respondent 4

Address:

Number or Name

Street

+ Town/City

County

Postcode

Name of respondent 5

Address:

Number or Name

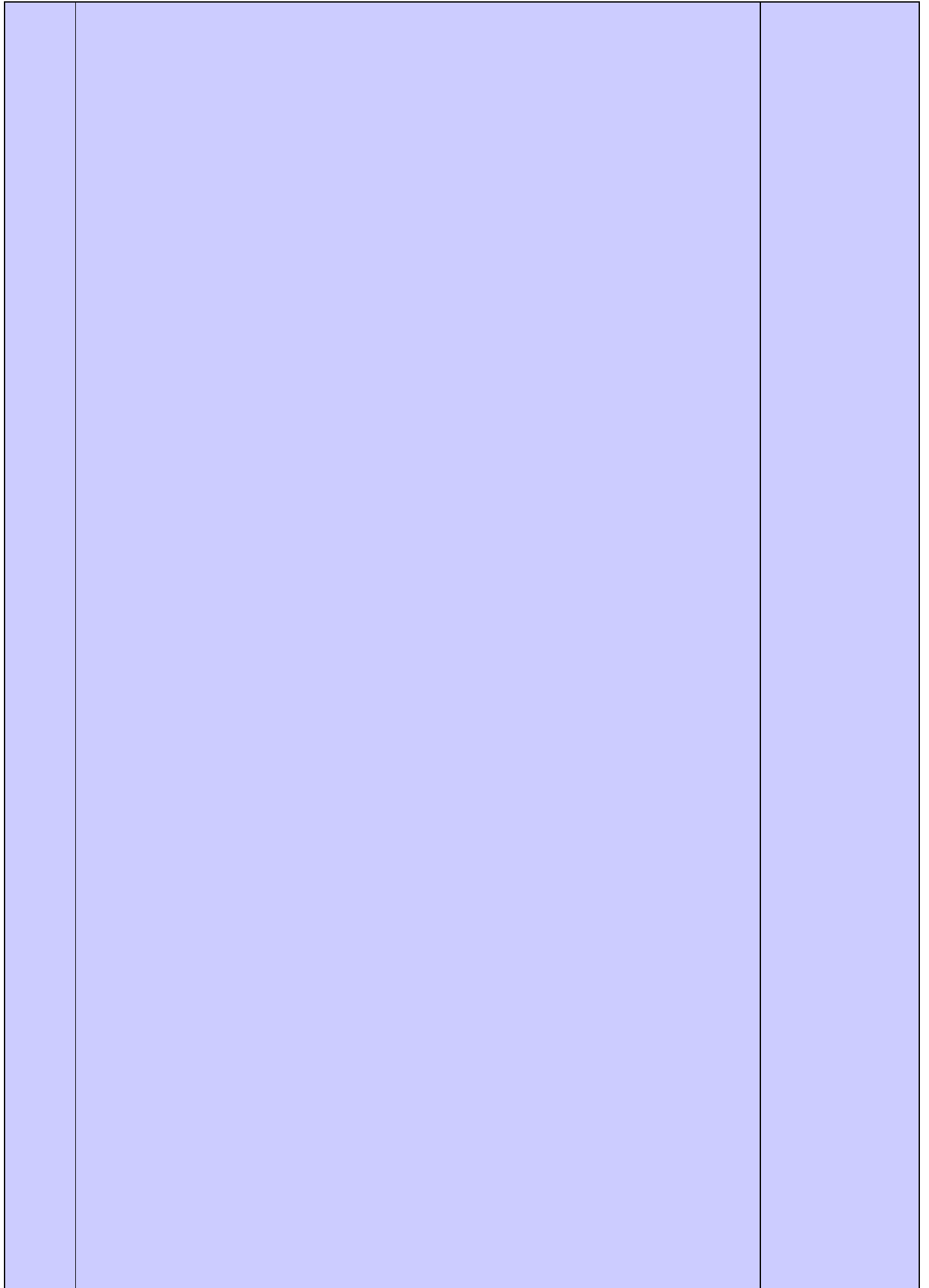
Street

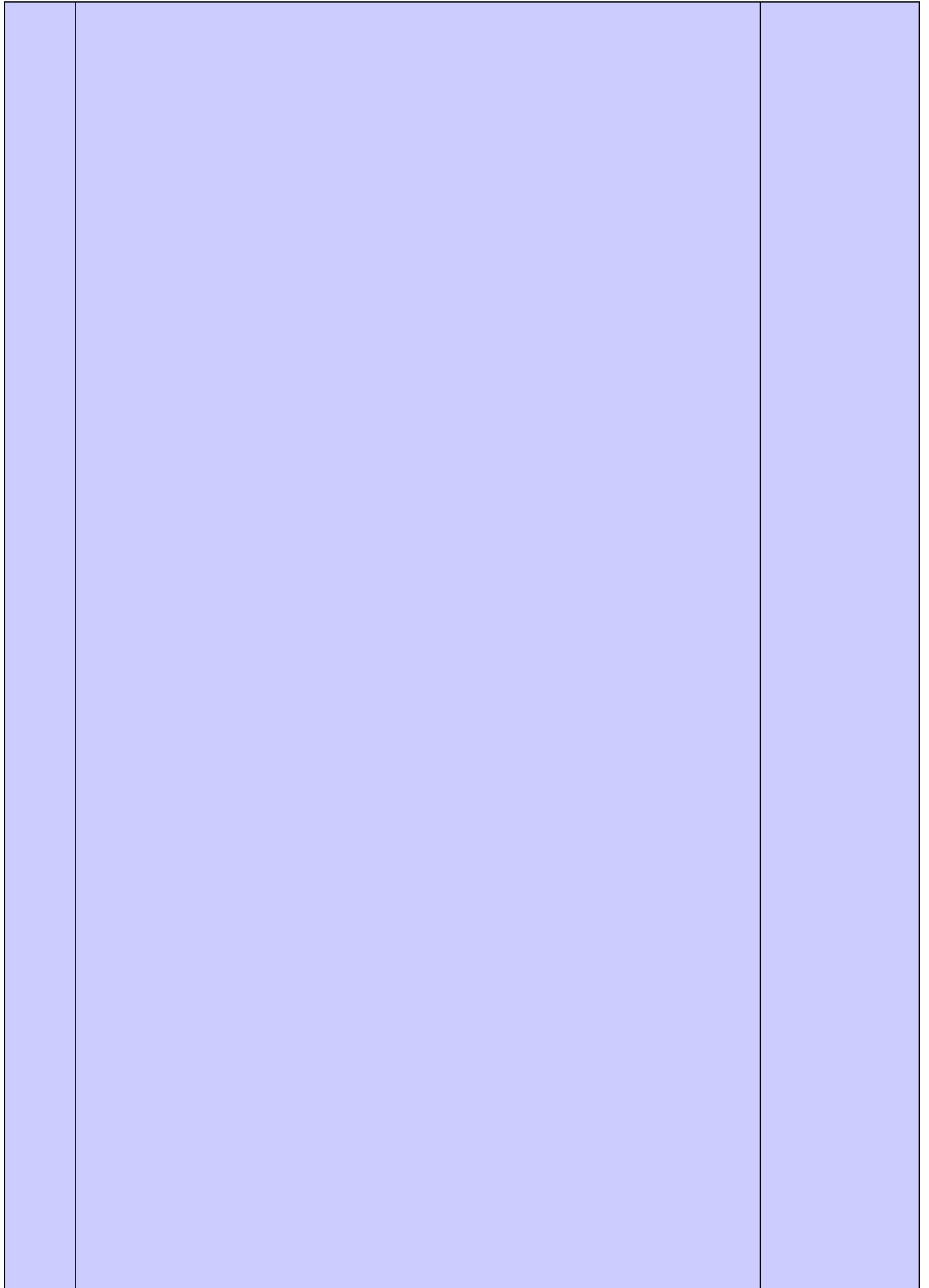
+ Town/City

County

Postcode

14	<p><u>Please set out the background and details of your claim in the space below.</u></p> <p><u>The details of your claim should include the date(s) when the event(s) you are complaining about happened. Please use the blank sheet at the end of the form if needed.</u></p> <p><u>If you have listed more than one Respondent please explain why</u></p>	
	<p style="text-align: center;"><u>CLAIM DETAILS</u></p> <p style="text-align: center;"><u>You MUST complete this as fully as possible</u></p>	





--	--	--

14

Please read the form and check you have entered all the relevant information.

Once you are satisfied, please tick this 

Data Protection Act 1998. We will send a copy of this form to the respondent(s) and Acas. We will, if your claim consists of, or includes, a claim that you have made a protected disclosure under the Employment Rights Act 1996 (and you have given your consent that we should do so) send a copy of the form, or extracts from it, to the relevant regulator. We will put the information you give us on this form onto a computer. This helps us to monitor progress and produce statistics. Information provided on this form is passed to the Department for Business, Innovation and Skills to assist research into the use and effectiveness of employment tribunals.

You are not obliged to fill in this section but, if you do so, it will enable us to monitor the extent to which the tribunal may be considered accessible to the diverse range of people who seek to use it. The information you give here will be treated in strict confidence and this page will not form part of your case. It will be used only for monitoring and research purposes without identifying you.

1. What is your country of birth?

England Wales

Scotland

Northern Ireland

Republic of Ireland

Elsewhere, please write in the present name of the country

C Asian or Asian British

Indian Pakistani

Bangladeshi

White and Asian

Any other Asian background, please write in

2. What is your ethnic group?

Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.

A White

British Irish

Any other White background, please write in

D Black or Black British

Caribbean African

Any other Black background, please write in

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in

E Chinese or other ethnic group

White and Asian

Any other please write in

3. What is your religion?

✓ box only

None

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion, please write in

4. Sexual orientation

Which one of these best describes you?

✓ box only

Heterosexual

Gay or lesbian or homosexual

Bisexual

Other

Do you have any health problems or disabilities that you expect will last for more than year?

✓ box only

Yes No

5. Disability

Employment Tribunals check list and cover sheet

You have completed stage one of your application and opted to print and post your form. We would like to remind you that applications submitted on-line are processed much faster than ones posted to us. If you wish to submit on-line please go back to the form and click the submit button, otherwise follow the Check list before you post the completed applications to the relevant office address.

A list of our office's contact details can be found at the hearing centre page of our website at – <http://www.justice.gov.uk/tribunals/employment/venues>; if you are still unsure about which office to contact please call our national enquiry line on 0845 7959775 (Mon – Fri, 9am – 5pm) or Mincom 0845 757 3772; they can also provide general procedural information about the employment tribunals.

Please check the following:

1. Read your application to ensure the information entered is correct and truthful, and that you have not omitted any information, which you feel, may be relevant to your client.
2. You must not attach a covering letter to your form. If you have any further relevant information please enter it in the 'Additional Information' space provided in the form.
3. The completed form should be returned to the relevant office address. If you are using a window envelope you may insert this page with your claim. Please do not clip or staple this page to your claim form.
4. Keep a copy of your claim form.
5. Once your application has been received, you should receive confirmation from the office dealing with your claim within 5 working days. If you have not heard from them within five days, please contact that office directly. If the deadline for submitting the claim is closer than 5 days, you should check the claim has been received before the time limit expires.

Input:	
Document 1 ID	interwovenSite://Worksite/Legal01/25831874/1
Description	#25831874v1<Legal01> - ET1 Original
Document 2 ID	interwovenSite://Worksite/Legal01/25836246/1
Description	#25836246v1<Legal01> - ET1 from David Scott
Rendering set	Standard

Legend:	
Insertion	
Deletion	
Moved from	
Moved to	
Style change	
Format change	
Moved deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:	
	Count
Insertions	250
Deletions	128
Moved from	0
Moved to	0
Style change	0
Format changed	0
Total changes	378