



SUMMARY COURT FALKLAND ISLANDS

ET1

Employment Case Claim Form

<u>Your Details</u>	
Name	
Address	
Date of Birth	
Phone number	
<u>Respondent's details</u>	(The person or organisation against whom you are making a claim)
Respondent 1	
Name	
Business address	
Address at which you worked (if different to above)	
Respondent 2	
Name	
Business address	
Respondent 3	
Name	
Address	



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<u>Employment details</u>	
Start date	
Is your employment continuing?	
If your employment has ended, when did it end?	
Please say what job you did/do	
<u>Earnings</u>	
How many hours a week did/do you work? <i>Please give the average number</i>	
How much are/were you paid? <i>Please give monthly figures</i>	Pay before tax £ Take home pay £
If your employment has ended, was there a period of notice?	
<u>Current position</u>	
If your employment ended, do you now have a new job?	
If yes, when did you start work?	
How much are you now earning?	



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<p>Please indicate the type of claim you are seeking to issue:</p> <p><i>Tick next to the type of claim you are making</i></p>	<p>I was unfairly dismissed <input type="checkbox"/></p> <p>I did not receive written terms of my employment <input type="checkbox"/></p> <p>I did not receive itemised pay statements <input type="checkbox"/></p> <p>I did not receive a guarantee payment <input type="checkbox"/></p> <p>I was not paid when suspended on medical grounds <input type="checkbox"/></p> <p>I have had action taken against me relating to my membership or non-membership of a trade union <input type="checkbox"/></p> <p>I was not given time off for one of the following:</p> <ul style="list-style-type: none">Trade union duties <input type="checkbox"/>Trade union activities <input type="checkbox"/>Public duties <input type="checkbox"/>Attendance at court <input type="checkbox"/>Seeking medical/dental treatment <input type="checkbox"/> <p>I was not given time off for ante-natal treatment or I took time off for ante-natal treatment and was not paid <input type="checkbox"/></p> <p>I did not receive all/part of my maternity pay <input type="checkbox"/></p> <p>My employer unreasonably refused to provide to me a written statement of the reasons for my dismissal <input type="checkbox"/></p>
<p>I am making another type of claim which the Summary Court can deal with</p> <p><i>Please indicate the nature of the claim</i></p>	
<p>Please set out the background and details of your claim</p> <p><i>Use additional pages as necessary</i></p>	



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<p>Remedies Please tick the relevant box(es) indicating what you want the court to award if your claim is successful</p>	<p>If claiming unfair dismissal Re-instatement <input type="checkbox"/> Re-engagement <input type="checkbox"/> Compensation <input type="checkbox"/> Interim relief <input type="checkbox"/></p> <p>If you did not receive written details the terms of your employment A declaration to that effect <input type="checkbox"/></p> <p>If you did not receive itemised pay statements A declaration to that effect <input type="checkbox"/> Repayment of any un-notified deductions <input type="checkbox"/></p> <p>If you did not receive a guarantee payment Payment of the guarantee payment <input type="checkbox"/></p> <p>If you did not receive payment on suspension on medical grounds Payment for period of suspension <input type="checkbox"/></p> <p>If you have had action taken against you for membership/non-membership of a trade union A declaration to that effect <input type="checkbox"/> Compensation <input type="checkbox"/></p> <p>If you were not permitted to take time off for trade union duties, trade union activities, public duties, attendance at court, seeking medical/dental treatment A declaration to that effect <input type="checkbox"/> Compensation <input type="checkbox"/></p> <p>If you were not permitted to take time off for ante-natal treatment or you took time but were not paid for it A declaration to that effect <input type="checkbox"/> Payment of a sum equal to the time off <input type="checkbox"/> Or, payment for time taken <input type="checkbox"/></p> <p>If you were not provided with a statement of reasons for your dismissal A declaration to that effect <input type="checkbox"/> Payment of 2 weeks wages <input type="checkbox"/></p> <p>If you were not paid all/part of your redundancy payment Or your redundancy payment amount is in dispute Payment of all/part of the payment <input type="checkbox"/> Assessment of the amount <input type="checkbox"/></p>
<p>If you are seeking any other remedy from the Court not indicated above please identify it here</p>	



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<u>Your representative</u>	If someone has agreed to represent you, please fill in their details. We will then only contact them in relation to your claim. This person does not need to be a legal practitioner
Name of representative	
Name of Organisation	
Address for correspondence	
Their reference for correspondence	
<u>Limitation</u>	Some claims under the Employment Protection Ordinance must be brought within a certain time limit. If you have not brought your claim within that time limit it may not be able to be dealt with by the court.
The court needs to be satisfied that it was not reasonably practicable for you to present your claim before the end of the limitation period. Please indicate the reasons why you did not file your claim within the time limits as set out in the Ordinance	
Declaration:	I confirm that the details contained in this application are true to the best of my knowledge.
Signed (Applicant)	
Dated	