



Industrial Department, 1&2 The Shrubberies, George Lane, South Woodford, London E18 1BD

Dear Colleague,

NOTE: Send this form without delay to the address above.

If you do not receive an acknowledgement of receipt to this form within 5 days please contact Nautilus to confirm safe receipt.

For most employment complaints there is a 3 month time limit in which to submit a claim form to a UK Employment Tribunal. Statutory Redundancy Claims and Equal Pay Claims have a 6 month time limit in UK Employment Tribunals. Please note that time limits in other jurisdictions may differ.

I (*insert name*) *membership no.* wish to make an application for advice and/or (where appropriate) representation in relation to a claim from the following list: (*Please TICK the appropriate box*). I understand that Nautilus does not accept responsibility for advising me in this matter until I have completed and submitted this form.

1. Unfair Dismissal / Wrongful Dismissal / Constructive Dismissal	
2. Redundancy / Medical Severance	
3. Insolvency of Employer / Unpaid Wages	
4. Bullying and or Harassment	
5. Discrimination Sex, Race, Disability, Religion or Belief, Sexual Orientation or Age (<i>Please Specify</i>)	
6. Other complaint - give brief title:	

NB: Applications for assistance concerning industrial injury should be completed on Form AC ('Accident Claim') available from the Union's Legal Department.

The matter which I complain about took place on day of (month) (year) and an account is given overleaf.

I have already submitted a claim form to the Employment Tribunal in this matter	
I have completed a claim form which has not yet been submitted to the Employment Tribunal but is enclosed with this form	
I have not completed a claim form for the Employment Tribunal	

(Note: Please TICK the appropriate box)

Membership No.	Date of Joining the Union
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Member's Correspondence Details

First name	Initial(s)	Surname
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Address
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Town/City
Country Postcode

Member's Contact Details

Home telephone no.	Ship/Work telephone no.
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Mobile telephone no.	Ship/Work email
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Home email

Member's Personal Details

Date of birth	National Insurance no.
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Member's Employment Details

Employment commenced	Employment ended
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Average monthly gross earnings	Average take home pay
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Rank	Discharge book no.
Name of ship	Flag
Date of joining	Date of discharge
Certification held	Country/Administration of issue
Place of embarkation	Place of disembarkation

Ship's geographical trading pattern

Did you carry out any work or training in the UK in this employment?

If so, please provide details including location, type of training and dates.

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Name and address of employer

Name

Address
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Town/City
Country Postcode

Telephone no.
 Email

If your employer is based outside the UK does it have a branch in the UK?

If so, please provide the address and contact details.

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Do you have a written Employment Contract/Letter of job offer? YES / NO

If YES, please attach or post copies.

Type of Contract	Permanent	Temporary	Agency	Voyage
	Fixed term contract	Full-time	Part-time	Job share

Does your employer only act as a payroll agency? YES / NO

Are you subject to Company Terms and Conditions of Employment or a Collective Bargaining Agreement? YES / NO

If YES, please attach or post copies.

Please provide a copy of a recent payslip.

**State which countries law and jurisdiction applies to employment disputes.
 This should be stated in your Contract and/or Collective Bargaining Agreement.**

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Name and address of ship owner / operator (if different from your employer).

Name

Address

Town/City
Country Postcode

Telephone no.
Email

Please provide details of any steps taken or to be taken (with dates) under your employers grievance or disciplinary procedures.

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Please provide copies of all correspondence (including emails) relating to any of the above hearings.

GIVE FULL DETAILS OF YOUR CASE/CLAIM

Please give as much information as possible, including dates of any incidents, meetings, conversations and who was involved. Please state your preferred outcome to reach a resolution of the matter. *Continue on a separate sheet of paper if necessary.*

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Name, rank and contact details of witness(es) / other persons who can assist

Name Rank

Contact details
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I agree that: (i) this application to Nautilus for advice/representation will be governed by the Union's rules; (ii) if this application is accepted by Nautilus I authorise it to act on my behalf and/or to instruct external solicitors of the Union's choice to act for me; (iii) if external solicitors are instructed, they and Nautilus may exchange/process between them information relating to my case and, where necessary, personal data and sensitive personal data relating to me as necessary in pursuance of this claim.

I confirm that I have not yet instructed solicitor's to advise/act for me in this matter. If Nautilus and (where applicable) its appointed solicitors agree to advise/represent me in my claim, then I agree that I will not instruct another solicitor to advise or act for me without immediately informing the former. If for any reason I decide to instruct a solicitor of my own choice I agree that Nautilus and (where applicable) its appointed solicitors will no longer be responsible for progressing my claim.

Signature	Date
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FOR OFFICE USE ONLY

Date received
Date acknowledged
Membership No.
Clear date

NAUTILUS INTERNATIONAL

Head Office

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Tel: +65 (0)625 61933 Fax: +65 (0)973 10154

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