

C4

APPEAL AGAINST LEGAL ASSISTANCE DECISION



Form can be printed in Black & White

BB/BC Ref	PFEW HQ Ref
Date of original decision	

SECTION A – APPLICANT’S DETAILS

Suffix	D.O.B.
First Name	Surname
Rank	Force
Email	
Contact Number	
Home Address (please include postcode)	

SECTION B – FEDERATION REPRESENTATIVE’S DETAILS

Full Name	Telephone
Rank/Number	Federation Email

SECTION C – REASONS FOR APPEAL

Clearly state the reasons for your appeal

(continue on a separate sheet as necessary)



SECTION D – FURTHER INFORMATION

I have included additional information/documents
(Do **NOT** re-attach information/documents sent with your original application)

YES

NO

If YES, please explain why the information/documents were not included with your original application.

SECTION E – FURTHER STEPS

Further action has been taken by or against you since your original application

YES

NO

If YES, please provide details of that further action, including when it was taken and by whom

SECTION F – APPLICANT'S DATA

Please refer to section on "Data" in your application for Legal Assistance, (C2 – Section F, C1 – Section J) which continues to apply.

SECTION G – APPLICANT'S DECLARATION – TERMS & CONDITIONS

LEGAL ASSISTANCE CONDITIONS

You agree that the Legal Assistance Conditions signed by You in Your application for Legal Assistance continue to apply.

You warrant that all Information You provide in this application, is accurate and truthful to the best of your knowledge and belief.

You further warrant that, unless clarified by you, the Information provided in your application for Legal Assistance remains accurate and truthful and continues to reflect your situation.

In signing, I confirm that I am agreeing to the above Conditions.

Member's signature

Date



SECTION H – FOR COMPLETION BY BRANCH SECRETARY OR DECISION MAKER

This section MUST be completed in ALL cases

Applicant's eligibility for legal assistance

	Yes	No
The Applicant continues to be a contributor to the PFEW's Voluntary Fund		
The Applicant continues to be entitled to seek the assistance of the PFEW		

	Yes	No
I support the Applicant's appeal* (Where this is not completed, the conclusion will be that the appeal is not supported)		
*Please provide reasons for your response.		

I CONFIRM THIS CASE ARISES FROM AN INCIDENT WHICH IS COVERED BY THE PFEW FUND RULES. ALL RELEVANT CIRCULARS AND ENTRIES IN THE PFEW LEGAL SERVICE FUNDING CRITERIA, PROCEDURES AND MEMBERSHIP SERVICES HANDBOOK HAVE BEEN COMPLIED WITH.

Authorised Signature	Date
Full Name	Position

