



APPLICATION FORM AND INSTRUCTIONS

FOR LEGAL SUPPORT

FICSA's LEGAL DEFENCE FUND

Financial support for legal costs may be provided only when the Application Form for Legal Support (the Application) has been submitted, together with full documentation, and a statement of why the proposed appeal is of general interest to its members and to the Federation.

Submitting the Application does not automatically entitle the staff association or union to receive financial support.

The Application, approved by the respective representative body, is to be signed by the head of the staff association or union and addressed to the President of FICSA, who in turn will forward it to the Chair and Vice-Chairs of the Standing Committee on Legal Questions for review by the full Committee.

As per the Guidelines, the decision will be made by the Chair of the Standing Committee on Legal Questions following consultation with the full Standing Committee and with the full Executive Committee of FICSA, before committing the Federation to support a particular action. In doing so, the Treasurer will provide information on the state of the Fund, and the likely financial implications of the proposed litigation. The President of FICSA will inform member associations and unions of the decision.

On signing the Application, the head of the staff association or union agrees on its behalf on the modalities of support, reimbursement to the Federation, where applicable; arrangement for the handling of counsel's invoices and for the channel of communications with the latter; and the undertaking by the staff association or union to forward to the Federation any documents made or received in connection with the action.



APPLICATION FORM FOR LEGAL SUPPORT

Name of Organization/Staff Association or Union:
Name of Head of Staff Association/Union:
The request has been discussed and approved by the Council/Committee of the Staff Association / Union Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does your Staff Association/Union have collective legal insurance? No: <input type="checkbox"/> Yes: <input type="checkbox"/>
Does your Staff Association/Union have a legal assistance fund? No: <input type="checkbox"/> Yes: <input type="checkbox"/>
Has your Staff Association/Union submitted a request for legal support before? No: <input type="checkbox"/> Yes: <input type="checkbox"/> Date: _____
Date of Administrative Decision that is being appealed: _____ <i>Please describe the administrative decision being challenged and how it infringes on specific rights or entitlements of staff in general or of a particular category of staff. (ex: improper application of salary survey methodologies, a change of a staff rule or the promulgation of a policy in breach of the statutory consultative process). Please attach all relevant documentation.</i> <hr/>

What is the desired outcome?

The undersigned, on behalf of _____ agrees:

(Staff Association or Union)

1. to reimburse the Federation, a part of any legal costs awarded, and a part of possible damages, at least to the level of support received.
2. to make practical arrangements for the handling of counsel's invoices and for the channels of communication with counsel.
3. to forward promptly to the Federation any documents made or received in connection with the action.

I understand that signing this form does not automatically entitle my association/union to financial assistance from FICSA's Legal Defence Fund and that a decision to commit the funds will be made by FICSA's the Standing Committee on Legal Questions.

FICSA's Standing Committee on Legal Questions and the FICSA Executive Committee are hereby authorized to review the action and any other necessary documents relating to the case.

Signature of Staff Association / Union President

Date

Name and Title