

# Getting equal

If you have not already filled in a form given to you by a branch officer or in the last issue of *U*magazine, fill in the one below and return it to the Equal Pay Unit by 28 November 2005.

“By submitting your claim to the Equal Pay Unit you will get professional support and an initial assessment of your case and advice on the next steps. Agenda for Change offers us a brighter future - but we also hope that many members will get fair compensation for the loss they have suffered in the past.”

<b>FULL NAME*</b>
_____
<b>MR/M S/M R S*</b>
_____
<b>HOME ADDRESS*</b>
_____
_____
<b>HOME TEL NO*</b>
_____
<b>MOBILE NO</b>
_____
<b>EMAIL</b>
_____
<b>UNION MEMBERSHIP NO</b>
_____
<b>NAME OF EMPLOYER*</b>
_____
<b>ADDRESS OF EMPLOYER*</b>
_____
_____
<b>ADDRESS OF WORKPLACE*</b>
_____
_____
<b>JOB TITLE*</b>
_____
<b>PAY GRADE (IF KNOWN)</b>
_____
<b>NATIONAL INSURANCE NO (REFER TO PAYS LIP)*</b>
_____

*All questions marked\* must be answered in full otherwise the Unit will not be able to pursue your claim on your behalf. Once the form is completed it must be returned by you to the Equal Pay Unit, PO Box 434, Sheffield, south Yorkshire, S1 4YS*