

# UNMU CASE/ GRIEVANCE FORM FOR MEMBERS

# 2019

## 1. MEMBERSHIP DETAILS

Membership Number .....

Date of Joining.....

## 2. MEMBER'S CORRESPONDENCE DETAILS

First Name.....

Sur Name .....

Place of Birth.....

Residential Address .....

## 3. MEMBER CONTACT DETAILS

Home telephone number.....

Mobile telephone Number.....

Work /office telephone number.....

Email Address.....

## 4. MEMBER PERSONAL DETAILS

Date of Birth.....

Marital status.....

Do you have children?

How many children do you have?

Do you have a disability? If yes, state the nature of the disability

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## 5. MEMBER EMPLOYMENT DETAILS

Job title/Occupation.....

Employment commenced.....

Employment ended.....

Are still employed? Yes  NO  Permanent

Temporary

Casual

Fixed term contract

Fulltime

Part- time

Gross Monthly salary.....

Computer Number.....

Employer`s Name.....

Address of the Employer.....

Postal Address of the Employer.....

Telephone Contact of the Employer`s representative.....

## 6. FITNESS TO PRACTICE

(Please complete if member has been reported to Uganda Nurses and Midwives council)

When did you register with the Uganda Nurses and Midwives council  
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Registration Number.....

Is your practicing certificate up to date? .....

Date of Last renewal .....

If not state the reason why .....



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8. Is there anyone else with a similar claim?

Is there anyone else with a similar claim?    Yes     No

Check with other colleagues in the workplace/ward/unit or your workplace representative to see if anyone else has a similar claim

If yes, please state the Name of the other person or persons and their workplace address

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9. **WHAT WOULD BE A SOLUTION TO YOUR PROBLEM?**- say here how you want UNMU to help you

Has anyone other UNMU advised or acted on your behalf? Yes  No

If yes, please give name and organization of who advised/ acted and give brief details of advice given or action(s) taken

Name

  
  

Action taken

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**10. Declarations**

I Confirm and agree that the information given in this case/ grievance form is a true and accurate record and I further confirm that my membership is up to date.

Signature of the Member

Date of the members' signature

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Signature of UNMU union officer/ interviewing officer

Date of the officials' signature

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