Subsidiary Legislation made under ss. 12 and 86.

Employment Tribunal (Forms) Regulations 2016

LN.2016/202

Commencement **13.10.2016**

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ARRANGEMENT OF REGULATIONS

Regulation

Schedule 1
Employment Tribunal - Claim Form

Schedule 2
Employment Tribunal – Response Form

In exercise of the powers conferred upon him by sections 12 and 86 of the Employment Act, and of all other enabling powers, the Minister with responsibility for employment has made the following Regulations–

Title and commencement.

1. These Regulations may be cited as the Employment Tribunal (Forms) Regulations 2016 and shall take effect and come into operation as law on their date of publication.

Claim form.

2. A claim presented to the Employment Tribunal shall be in the form set out in Schedule 1.

Response form.

3. A response to a claim presented to the Employment Tribunal shall be in the form set out in Schedule 2.

Schedule 1
Employment Tribunal - Claim Form

For Internal Use Only
Case Number:
Date Received:

You must complete all fields marked with an *

1	**Your details**										
1.1	Title:	Mr		Mrs		Miss		Ms		Other	
1.2*	First name(s):										
1.3*	Surname:										
1.4	Date of birth (date/month/year):										
1.5*	Address: Address for delivery of documents (if different to above):										
1.6	Mobile phone number:										
1.7	Landline phone number:										
1.8	E-mail address:										
1.9	Do you prefer to be contacted by email?		Yes				No				

2	**Representative details** (if someone is representing you, please complete this section)
2.1	Representative's name:
2.2	Address: Address for delivery of documents (if different to above):
2.3	Mobile phone number:
2.4	Landline phone number:

2.5	Reference number (if any):				
	E-mail address:				
2.7	Does your representative prefer to be contacted by email?	Yes		No	

3	**Respondent's details** (please provide details of the employer or organisation against whom this claim is made)	
3.1*	Respondent's name:	
3.2*	Address:	
3.3	Mobile phone number:	
3.4	Landline phone number:	
	If there are additional respondents to your claim, please set out their details below:	
3.5	Additional respondent's name:	
	Address:	
	Mobile phone number:	
	Landline phone number:	
3.6	Additional respondent's name:	
	Address:	
	Mobile phone number:	
	Landline phone number:	
3.8	**Multiple Cases**	
	Is your claim one of a number of claims arising from the same or similar circumstances?	*(If your answer is "yes" please provide the names of other claimants)*
3.9	**Cases where the respondent was not your employer**	
	If you were not employed but are making a claim for a reason connected to employment (eg, relating to a job application) please state the type of claim you are making here.	*(You will get the chance to provide details later):*

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4	**Employment details**				
4.1	Are you still employed by the respondent?	Yes		No	
4.2	When did your employment start? (date/month/year):	☐ ☐ ☐			
4.3	When did your employment end? (date/month/year):	☐ ☐ ☐			
4.4	What job did/do you do for the respondent?				

5	**Earnings and benefits**	
5.1	Please state the number of normal basic hours you worked/work each week:	*For minimum wage complaints, please provide details of the number of hours actually worked during the time period covered by your claim.*
5.2	How much were/are you paid?	Gross earnings (including overtime, bonuses and allowances, before tax, social insurance, etc.) ☐ Net earnings (after tax, social insurance, etc.) ☐
5.3	Please indicate whether your earnings above are:	monthly ☐ or weekly ☐
5.4	Did you work a notice period?	
5.5	Were you in your employer's pension scheme?	
6	**Type of claim**	
6.1*	Please indicate the type of claim from the list:	Unfair dismissal (including constructive dismissal)
		Redundancy payment
		Arrears of pay
		Arrears of notice pay
		Arrears of holiday pay
		Other payments
		Other type of claim *Please provide details:*

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	Please indicate whether you were discriminated against on any of the following grounds:	Age	☐
		Gender reassignment	☐
		Pregnancy or maternity	☐
		Sexual orientation	☐
		Religion or belief	☐
		Race	☐
		Disability	☐
		Marriage or civil partnership	☐
		Sex	☐
6.2*	Please provide details of your claim (including dates of events):		
		If there is not enough space to continue with the details of your claim, please continue on separate paper and attach the paper to this form. Please also indicate the number of pages attached:	
		_____ **Pages attached**	

6.3	If your employment with the respondent has ended, what has happened since?	
	Have you got another job?	
	Please indicate when you started (or will start) work:	
	Please state how much you earn (or will earn):	
7	**What you want if your claim is successful?**	
7.1	Please tick the relevant box(es) to say what you want if your claim is successful:	If claiming unfair dismissal: to get your old job back (reinstatement) and compensation* [ ] If claiming unfair dismissal: to get another job with the same employer (re-engagement) and compensation* [ ] Compensation* [ ] Apology [ ] Recommendation (If claiming discrimination) [ ] Any other remedy or relief – Please state in 7.2 below [ ] *If you are seeking financial compensation, please complete 7.3 below
7.2	Other remedy or relief:	
7.3	Please state the financial compensation you are claiming and how you have calculated this amount. You will be able to revise this amount.	
7.4	Please indicate whether you are owed any of the following payments, and if so please state how much in the boxes provided:	Redundancy payment [ ] Notice pay [ ] Holiday pay [ ] Arrears of pay [ ] Other payments [ ]
8	**Delivery**	
8.1	Please confirm how you are sending the form:	Post/direct delivery/by hand*: [ ] Email: [ ] *Please remember to keep a copy of your claim form if you are sending the original by post, direct delivery or by hand.

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9	**Confirmation**	
9.1*	Please read the form and check you have entered all the relevant information.	Once you are satisfied that all the information is correct and truthful, please sign this box.
9.2	Data Protection Act 2004	We will send a copy of this form to the respondent(s) and a mediator. We will put the information you give us on this form onto a computer. This helps us to monitor administrative efficiency and generate statistics. Information provided on this form is passed to the Ministry of Business and Employment to assist research into the use and effectiveness of employment tribunals.

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Schedule 2
Employment Tribunal – Response Form

For Internal Use Only
Case Number:
Date Received:

You must complete all fields marked with an *

1	Claimant's name	
1.1	Please insert name of the person who has filed a claim form against you:	

2	Your details				
2.1*	Name of individual, company or organisation				
2.2	Contact person:				
2.3*	Address: Address for delivery of documents (if different to above):				
2.4	Mobile phone number:				
2.5	Landline phone number:				
2.6	E-mail address:				
2.7	Do you prefer to be contacted by email?	Yes		No	
2.8	How many people do you employ in Gibraltar?				

3	**Representative details** (if someone is representing you, please complete this section)				
3.1	Representative's name:				
3.2	Address: Address for delivery of documents (if different to above):				
3.3	Mobile phone number:				
3.4	Landline phone number:				
3.5	Reference number (if any):				
3.6	E-mail address:				
3.7	Does your representative prefer to be contacted by email?	Yes		No	

4	**Employment details**				
4.1	Are the employment details given by the claimant in section 4 of the claim form correct?	Yes		No*	*If your answer is no, please complete the remainder of this section 4.
4.2	Is the claimant still employed by you?	Yes		No	
4.3	When did the claimant's employment start? (date/month/year):				
4.4	When did the claimant's employment end? (date/month/year):				
4.5	What job did/does the claimant do for you?				

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5	**Earnings and benefits**				
5.1	Are the earnings and benefits details given by the claimant in section 5 of the claim form correct?	Yes		No*	*If your answer is no, please complete the remainder of this section 5.
5.2	Please state the number of normal basic hours the claimant worked/works each week:	*For minimum wage complaints, please provide details of the number of hours actually worked during the time period covered by the claim.*			
5.3	How much was/is the claimant paid?	Gross earnings (including overtime, bonuses and allowances, before tax, social insurance, etc.)		☐	
		Net earnings (after tax, social insurance, etc.)		☐	
5.4	Please indicate whether the earnings above are:	monthly ☐ or weekly ☐			
5.5	Did the claimant work a notice period?				
5.6	Was the claimant in your employer's pension scheme?				

6	**Response**				
6.1*	Do you defend the claim: *If your answer is yes, please complete section 6.2 below.*	Yes*		No	
6.2	Please set out the facts you will rely on to defend the claim:				

		If there is not enough space to continue with the details of your response, please continue on separate paper and attach the paper to this form. Please also indicate the number of pages attached: **____ Pages attached**			
7	**Employer's contract claim** (this is only available where the claimant has made a contract claim)				
7.1	Has the claimant made a contract claim?	Yes*	*If your answer is yes, please complete section 7.2 and 7.3 below.	No	
7.2	Do you wish to make an employer's contract claim?	Yes		No	
7.3	Please set out the details of your contract claim:	*If there is not enough space to continue with the details of your claim, please continue on separate paper and attach the paper to this form. Please also indicate the number of pages attached:* **____ Pages attached**			

8	**Delivery**
	Please confirm how you are sending this form:	Post/direct delivery/by hand*: [____] Email: [____] *Please remember to keep a copy of your response form if you are sending the original by post, direct delivery or by hand.*

9	**Confirmation**	
9.1*	Please read the form and check you have entered all the relevant information.	Once you are satisfied that all the information is correct and truthful, please sign this box.
9.2	Data Protection Act 2004	We will send a copy of this form to the claimant(s) and a mediator. We will put the information you give us on this form onto a computer. This helps us to monitor administrative efficiency and generate statistics. Information provided on this form is passed to the Ministry of Business and Employment to assist research into the use and effectiveness of employment tribunals.

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