

ER CLINIC - CASE INFORMATION FORM

Please complete and return preferably 1 week in advance of attending the ER clinic

Part 1 : Details

Name:	
Job Title:	
School:	
E-mail Address:	
Contact telephone number (optional):	

Part 2: ER Clinic Details

Date:	
Time:	

Part 3: Name of ER Officer Contacted (if applicable)

Name:	
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Part 4: Case Information (please tick relevant boxes)

Staff Group:	Teaching <input type="checkbox"/>	Non-Teaching <input type="checkbox"/>	
Case Status:	New Case <input type="checkbox"/>	Ongoing Complex Case <input type="checkbox"/>	
Type of issue:	Discipline		
	Grievance		
	Dignity at Work/Bullying & Harassment		
	Probationary		
	Performance Management		

Part 5 : Please provide a brief synopsis of the issue

Please email to ER-CC-CD@eani.org.uk for the attention of Patricia Hesketh. The relevant ER Advisor may contact you on receipt of the form and advise if any further information is required in advance of the ER clinic.