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| **ER CLINIC – Case Management Review (Complex Cases)** |
| **Please complete and return at least 1 week in advance of attending the Clinic** |
| **Part 1 : Details** |
| Name: |  |
| Job Title: |  |
| Service/School employed in: |  |
| Preferred address for communication purposes, ie home, work and/or e-mail: |  |
| Contact telephone number (optional):  |  |
| **Event** |
| Date of Event  | Time  | Venue | Type of Issue ie grievance, disciplinary, dignity at work/ bullying & harassment, probationary, capability |
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| **Part 2 : Please provide a brief synopsis of the issue (continue on a separate sheet if necessary) and bring along information that you have which would be helpful for the discussion** |
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| Please email to ER-CC-CD@eani.org.uk for the attention of Patricia Hesketh |