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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](mailto:ER-CC-CD@eani.org.uk) for the attention of Patricia Hesketh | | | | |