



B.C. NURSES' UNION

LEGAL EXPENSES ASSISTANCE PLAN (LEAP)

CLAIMS REPORTING FORM

NOTE: The information given on this form is strictly confidential and will be used only to assist the applicant and to compile statistics for the accountability of the Fund and benefit of BCNU members.

If you require assistance in completing the application - contact:
LEAP Administrator at (604) 433-2268 or 1-800-663-9991.

APPLICANT	EMPLOYER
NAME:	NAME OF HOSPITAL WHERE COMPLAINT WAS MADE: (Employer address not required)
ADDRESS: POSTAL CODE:	
PHONE: CELL: e-mail:	PHONE: LOCAL:

CRNBC Member Registration Number:

B.C.	
Other	

Type of Legal Aid Required: (tick appropriate item)

CRNBC Complaint (If notice received, include a copy of the letter)	
Other Professional Complaint	
Inquest	
Funding for an assessment: Chemical Dependency, Psychiatric etc.	

Discipline:

Has the Employer initiated discipline concerning this matter?	Yes	No
Have you filed a grievance regarding this incident?	★ Yes	No
★ If yes , at what stage is the grievance?		

Have you in the past had any other LEAP claims or CRNBC complaints?	★ Yes	No
★ If yes, when? (Please list dates if more than one date)		
What was the issue? (Please list if more than one issue)		

INCIDENT:

Is/are the incident(s) a direct result of work as a BCNU member in a BCNU bargaining unit?	Yes	★No
★ If no, provide an explanation		

Is it possible any of the following activities could happen as a result of the incident(s) described?

(a) Criminal charge(s):	
Possible	
Charges Laid (date)	
Trial Scheduled (date)	
Do you have a lawyer?	Lawyer's name

(b) Civil Law Suit:	
Possible	
Has been initiated (date)	

Hearing scheduled (date)

Malpractice Insurance (CRNBC) Lawyer's Name:
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If a decision has been upheld in (a) or (b) above, please report the outcome below:

Funding by LEAP requires that you comply with Legal Counsel and the LEAP Administrator's and/or plan. LEAP will provide legal and support services but will not assume responsibility for the outcome of the case. LEAP does not cover all expenses you may incur. (Please see Guidelines & Description documents.)

If approved for funding you will be expected to participate fully with the union, LEAP administrator and/or Legal Counsel in order to present the best case on your behalf.

I agree to comply with the conditions of LEAP. The information provided is, to the best of my ability, correct.

Date:	Signature:
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NOTE:



Remember to submit copies of all pertinent correspondence regarding your claim.



Please forward this **fully completed** and **signed** application, along with any copies of correspondence relevant to the case to:

<p>LEAP ADMINISTRATOR B.C Nurses' Union 4060 Regent Street Burnaby, British Columbia V5C 6P5</p>
