



Response Form Guidelines

These Guidelines have been drafted to provide you as much assistance as possible when completing the Response Form. However, they do not give a full statement of the law.

If you do not provide the information marked with an asterisk (*) your response will not be accepted.

1. Claimant's Name

- 1.1 * Please give the full name of the person that has filed the claim against you.

2. Your Details

- 2.1 * Please provide the full name of the Respondent who is completing this form, or on whose behalf it is being completed. Please state whether the respondent is a sole trader, a partnership, a company, organisation or otherwise.
- 2.2 Please provide the name of the person the Tribunal should use as your contact person if you have not appointed a representative.
- 2.3 * Provide the full address of the respondent. If you want documents to be delivered to a different address, then include this address in the lower part of the box.
- 2.4 Please provide the mobile telephone number of the person named at 2.2.
- 2.5 Please provide the landline number where the Tribunal can contact the person named at 2.2 during normal working hours.
- 2.6 Please provide your email address.
- 2.7 Tick the relevant box to confirm whether you would prefer the Tribunal to contact you by email in future. If you want to communicate by email please ensure you check your emails regularly, preferably every day. Although we will usually try to use email if you want us to, this will not always be possible as some documents need to be signed by a chairperson.
- 2.8 Provide the approximate number of the people employed by the Respondent. You are not obliged to answer this question but the information would be useful for monitoring and research purposes and may also assist the Tribunal.

3. Representative Details

Only complete this section if you have appointed a person to act on your behalf (a representative). A representative is a person you have asked to act on your behalf.



If you appoint a representative we will deal directly with them, not with you. Please do not provide the name of a representative unless they have agreed to act for you. Do not provide the name of a person or organisation who is only giving you advice on filling in this form.

- 3.1 If you know the name of the person representing you, please provide it here along with the full name of the representative's organisation (for example, the union, law firm).
- 3.2 Provide the full address of the representative's organisation.
- 3.3 Provide the mobile number of your representative, if you know it. Otherwise leave this section blank.
- 3.4 Provide the landline number of your representative where we can contact them during normal working hours.
- 3.5 Provide the reference number your representative has given your case (if you know it).
- 3.6 Provide your representative's email address.
- 3.7 Tick the relevant box to confirm whether you would prefer the Tribunal to contact your representative by email in future (if you know). Please only tick the 'Yes' box if they check their emails regularly, preferably every day.

4. Employment Details

If the Claimant is, or was, a worker providing services to you, please answer the following questions as if "employment" referred to the Claimant's working relationship with you.

- 4.1 Please tick the appropriate box to indicate whether you agree with the details of employment given by the Claimant in section 4 of the Claim Form.
- 4.2 Please tick the appropriate box to indicate whether or not the Claimant's employment is continuing.
- 4.3 Provide the date when the Claimant's employment commenced. Use day/ month/year format (for example 01/01/2016).
- 4.4 If applicable provide the date when the Claimant's employment ended or will end. Use day/ month/year format (for example 01/01/2016).
- 4.5 Please provide the Claimant's job title or say what job they do or did for you.

5. Earnings and Benefits

- 5.1 Please tick the appropriate box to indicate whether you agree with the earnings and benefits details given by the Claimant in section 5 of the Claim Form.



- 5.2 Please provide the basic number of hours that the Claimant works or worked each week – do not include overtime even if it was worked or is worked regularly.
- 5.3 Provide details of the Claimant's basic pay (gross earnings), before tax and any deductions but not including any overtime payments. Then give details of the Claimant's normal take-home pay (net earnings, this is the Claimant's pay after tax, social insurance and any other deductions but including overtime, commissions and bonuses). The Claimant's payslip should show these amounts. Please round the amounts to the nearest pound.
- 5.4 Please tick the relevant box to show whether the amounts were paid weekly or monthly.
- 5.5 Please indicate whether the Claimant worked their notice period in full.
- 5.6 Please indicate whether the Claimant participated in your pension scheme.

6. Response

- 6.1 * Please tick the appropriate box to say whether or not you defend (i.e. contest) the Claim made by the Claimant. If you only defend a part of the Claim, please tick 'Yes' and tell us which part of the Claim you are resisting in the space provided at 6.2.
- 6.2 If you have ticked 'Yes' at 6.1, please explain the grounds on which you are resisting the Claim in the space provided.

If the Claim is about more than one issue, you will need to respond to each issue. Clearly explain what points you disagree with and give information to support your argument.

If you, the Respondent, dismissed the Claimant, explain the procedure followed before the actual dismissal and give full reasons why the Claimant was dismissed.

If you, the Respondent, disagree that your organisation owes the Claimant money provide full reasons why or why you disagree with the amount being claimed.

At this stage you should not send any documents to support your Response. However, you may have to produce them if the Claim goes to a Hearing.

If there is not enough space in the Response Form to provide all the relevant information, please continue on a separate sheet and attach it to this form.

Please let us know how many pages have been attached.

7. Employer's Contract Claim

- 7.1 If a Claimant is no longer employed, he or she may make a claim against an employer for breach of contract. In certain circumstances, this entitles you to make an employer's contract claim. Any such employer's contract claim must be included in the Response Form. Tick the appropriate box to indicate whether the claimant has made a contract claim against you.



7.2 Please tick the appropriate box to confirm you wish to make an employer's contract claim in response to the employee's contract claim and continue to section 7.3.

7.3 In the space provided please set out the details of your claim, including any important dates.

8. Delivery

8.1 Tick the relevant box to indicate whether you are sending the form to us by post, direct delivery, by hand or by e-mail.

9. Confirmation

9.1 Once you have completed the form and are satisfied that all the information on the form is correct and truthful, you should sign the box in 9.1.

9.2 This box explains how we will process the information contained on your Claim Form.