

Employment Tribunal - Response form

How many people do you employ

in Gibraltar?

2.8

			- 410 110		
You must complete all fields marked with an *					
1	Claimant's name				
1.1	Please insert name of the person who has filed a claim form against you:				
2	Your details				
2.1*	Name of individual, company or organisation:				
2.2	Contact person:				
2.3*	Address:				
	Address for delivery of documents (if different to above):				
2.4	Mobile phone number:				
2.5	Landline phone number:				
2.6	E-mail address:				
2.7	Do you prefer to be contacted by email?	Yes		No	

For Internal Use Only

Case Number: _

3	Representative details (if so	omeone is representing you, please o	complete this section)
3.1	Representative's name:		
3.2	Address:		
	Address for delivery of documents (if different to above):		
3.3	Mobile phone number:		
3.4	Landline phone number:		
3.5	Reference number (if any):		
3.6	E-mail address:		
3.7	Does your representative prefer to be contacted by email?	Yes	No
4	Employment details		
4.1	Are the employment details given by the claimant in section 4 of the claim form correct?	Yes	*If your answer is no, please complete the remainder of this section 4.
4.2	Is the claimant still employed by you?	Yes	No
4.3	When did the claimant's employment start? (date/month/year):	/	
4.4	When did the claimant's employment end? (date/month/year):		
4.5	What job did/does the claimant do for you?		
5	Earnings and benefits		
5.1	Are the earnings and benefits details given by the claimant in section 5 of the claim form correct?	Yes	No* *If your answer is no, please complete the remainder of this section 5.

5.2	Please state the number of normal basic hours the claimant worked/works each week:		e provide details of the number of hours covered by the claim.
5.3	How much was/is the claimant paid?	Gross earnings (including overtime, bonuses and allowances, before tax, social insurance, etc.)	£
		Net earnings (after tax, social insurance, etc.)	£
5.4	Please indicate whether the earnings above are:	Monthly	or weekly
5.5	Did the claimant work a notice period?		
5.6	Was the claimant in your employer's pension scheme?		
6	Response		
6.1*	Do you defend the claim:	Yes*	No
		*If your answer is yes, please complete	e section 6.2 below.
	rely on to defend the claim:	continue on separate paper and attach	ue with the details of your response, please the paper to this form. Please also indicate
		the number of pages attached:	

_Pages attached

7	Employer's contract claim (this is only available where the claimant has made a contract claim)		
7.1	Has the claimant made a contract claim?	Yes* No	
		*If your answer is yes, please complete section 7.2 and 7.3 below.	
7.2	Do you wish to make an employer's contract claim?	Yes No	
7.3	Please set out the details of your contract claim:	If there is not enough space to continue with the details of your claim, please continue on separate paper and attach the paper to this form. Please also indicate the number of pages attached: Pages attached	
8	Delivery		
	Please confirm how you are sending this form:	Post/direct delivery/by hand*: Email: *Please remember to keep a copy of your response form if you are sending the original by post, direct delivery or by hand.	
9	Confirmation		
9.1*	Please read the form and check you have entered all the relevant information.	Once you are satisfied that all the information is correct and truthful, please sign this box.	
9.2	Data Protection Act 2004	We will send a copy of this form to the claimant(s) and a mediator. We will put the information you give us on this form onto a computer. This helps us to monitor administrative efficiency and generate statistics. Information provided on this form is passed to the Ministry of Business and Employment to assist research into the use and effectiveness of employment tribunals.	