



# PCS DWP North West Regional Committee

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# REJECT THE ATTACK ON THE CSCS STRENGTHEN THE UNION

The Government are currently attempting to force through changes to the Civil Service Compensation scheme.

This determines how much money we receive (by up to a third) if we're made redundant, take a voluntary exit package or we lose our job through ill health or some other reason. This is not an abstract attack.

Making it cheaper to sack civil servants makes us all more vulnerable and it is unlikely that office closures already announced in HMRC and MOJ and imminent in DWP will happen without redundancies. We need the strongest possible union to resist.

That is why it is vital members who may have dropped out of PCS recently, and those people who have never joined sign up now.

**If you are not a member a membership form is attached on the back of this letter. Please complete and pass to your local rep.** If you are already a member, make sure to vote to **reject the changes** in the ballot before 28/11/16. A ballot paper will have been issued to your home address.

In addition to fighting the immediate threat posed to us there are other benefits of union membership. Under the employee deal the only way successfully to contest management decisions on working patterns to the new independent panel will be via PCS. We can also provide individual representation and advice and there are a number of other services available to members. Union membership provides a basic insurance package which members of staff would be foolish to turn down.

PCS is a membership led union, all our reps and officers come from the workplace, but we need more people to take on the roles of local representatives. Every rep has the responsibility to promote the union, support our campaigns, keep members informed and represent their concerns to the national union. You are not expected to do this alone and training and assistance from more experienced reps is made available. **Contact your rep for more information.**

**For more information on the CSCS changes visit [www.pcs.org](http://www.pcs.org).**

**SALARY LEVEL PLEASE TICK THE APPROPRIATE BOX WHICH REFLECTS YOUR ACTUAL BASIC PAY**

The table below shows the monthly subs rate that we will apply, as of February 2016 depending on your actual gross annual salary. Subs rates are reviewed annually. **If you do not select a band we will assume that you are earning over £26,000.**

Level	Salary	Monthly rate
<input type="checkbox"/> A	£26,001+	£13.58
<input type="checkbox"/> B	£24,001 – £26,000	£12.89
<input type="checkbox"/> C	£22,001 – £24,000	£11.86
<input type="checkbox"/> D	£20,001 – £22,000	£10.84
<input type="checkbox"/> E	£18,001 – £20,000	£9.80
<input type="checkbox"/> F	£16,001 – £18,000	£8.78

Level	Salary	Monthly rate
<input type="checkbox"/> G	£14,001 – £16,000	£7.76
<input type="checkbox"/> H	£12,001 – £14,000	£6.74
<input type="checkbox"/> I	£10,001 – £12,000	£5.72
<input type="checkbox"/> J	£8,001 – £10,000	£4.70
<input type="checkbox"/> K	£6,001 – £8,000	£3.68
<input type="checkbox"/> L	£4,001 – £6,000	£2.66

**DATA PROTECTION**

PCS is a data controller and processes information (data) which you give us on the application form and subsequently, your information is used for the effective operation of the trade union and to provide you with the right to vote and/or receive union goods, benefits and services. PCS does not share your information with any other data controller, but may contact approved third parties on occasion to deliver goods, benefits and services to members. We may share your information with organisations with which we have an agreement, for the purpose of providing you with mail, telephone, short message service, or email, to let you know about goods, services or promotions that

**PREVIOUS UNION MEMBERSHIP**

Are you/have you been a member of any other Trade Union(s) within the last two years? ☐ Yes ☐ No  
If 'YES' please state the name of your most recent and the date you left (if applicable):

**DECLARATION**

By completion of this form I agree to join PCS for the purposes of collective bargaining and where applicable, I agree to pay the political fund subscription. I declare that I will observe the terms of its rules and constitution.

**Signature**

Date ☐ ☐ ☐ ☐ ☐ ☐

**Public and Commercial Services Union**  
**Instruction to your bank or building society to pay by Direct Debit**



Please fill in the whole form using a ball point pen and return both parts to your local representative or:  
Membership, PCS, Freepost – BFH1003, 160 Falcon Road, London SW11 2BR.

**Name and full postal address of your bank or building society**

To: the Manager	Bank/building society
Address	
Postcode	

**Service user number**

9	7	1	5	7	5
Reference (PCS use only)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instruction to your bank or building society**

Please pay PCS Direct Debits from the account detailed in the instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that the instruction may remain with PCS and, if so, details will be passed electronically to my bank/building society.

**Signature**

Date

**Bank/building society sort code**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Account number**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Bank and building societies may not accept Direct Debit instructions for some types of account. This guarantee should be obtained and retained by the payer.

**The Direct Debit Guarantee**



\* This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.  
• If there are any changes to the amount, date or frequency of your Direct Debit and Commercial Services Union (PCS) will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request PCS to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

\* This error in making the payment of your Direct Debit, by PCS or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.  
• If you receive a refund you are not entitled to, you must pay it back when PCS asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

PCS will not usually provide personal assistance in respect of any matter arising before an application for membership. Legal support is offered at the discretion of the union.

Please fill in the whole form in block capitals and return it to your local representative or:  
Membership, PCS, Freepost – BFH1003, 160 Falcon Road, London SW11 2BR

**PERSONAL DETAILS** (We cannot process this form without your National Insurance Number)

National Insurance no.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
Title	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Forename(s)														
Surname	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
Date of birth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
Payroll number (if known)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
<b>BALLOT ADDRESS</b> (Your preferred address for ballot papers, Direct Debit purposes, and communications)															
Home <input type="checkbox"/> Work <input type="checkbox"/>															

Please remember, if choosing your work address your employer is entitled to open and read your mail

**HOME ADDRESS**

Post code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**TELEPHONE NUMBERS**

Mobile	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Work	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**EMAIL DETAILS**

Personal ☐ Work ☐

**MEMBERSHIP DETAILS AND EQUALITY MONITORING** Please help us improve our records by ticking the appropriate boxes

Which of the following categories describes your ethnicity?

<input type="checkbox"/> Asian: Bangladeshi	<input type="checkbox"/> Asian: Indian	<input type="checkbox"/> Asian: Pakistani	<input type="checkbox"/> Asian: other
<input type="checkbox"/> Black African	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Black: other	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed ethnic background	<input type="checkbox"/> White		

Please indicate your sexuality and gender identity:

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay/lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Asexual
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Are you Male ☐ Female ☐ Do you identify as a transgender person? ☐ Yes ☐ No

Do you consider yourself to be a disabled person? ☐ Yes ☐ No

**NOMINEE FOR FREE DEATH BENEFIT** (More information can be found at pcs.org.uk)

Please provide details of the person you wish PCS to pay your death benefit to

Title	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Forename(s)
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Surname ☐ ☐ ☐ ☐ ☐ ☐ Relationship of nominee to you

**Address**

Post code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**EMPLOYMENT DETAILS**

Employer and workplace details including building name (room number where appropriate) and postcode must be provided. It will not be possible to process your membership application without this information.

Name of employer

Work address

Grade	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Post code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**CONTRACT TYPE** Please tick all that apply

<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time (under 25 hours)	<input type="checkbox"/> Permanent
<input type="checkbox"/> Fixed-term contract/casual contract	<input type="checkbox"/> Seasonal worker	<input type="checkbox"/> Apprentice

For branch use only	Branch code	Workplace code	Date received
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