**D1 - NOTICE TO ATTEND**

 **A DISCIPLINARY HEARING**

(This document is confidential and shall only be distributed to the parties to the hearing and shall be held on file at Regional and National Offices.)

**BY HAND**

MEMBERS NAME:

SD MEMBERSHIP NO:

WARRANT NUMBER:

POSITION:

GROUP NAME:

DISTRICT:

REGION:

Formal disciplinary charge(s) have been laid against you.

The charges are as follows:

|  |  |
| --- | --- |
| **Charge 1:** |  |
| **Details:** |  |
| **Charge 2:** |  |
| **Details:** |  |
| **Charge 3:** |  |
| **Details:** |  |

A formal disciplinary hearing will be held, and you are requested to be present: -

PLACE OF HEARING:

DATE:

TIME:

CHAIRPERSON ………………………………………………………………………………..

**RIGHTS OF THE MEMBER FACING DISCIPLINARY ACTION**

1. To be advised of the allegations and charges against them;
2. To be given advanced warning of the charges;
3. To be given time to prepare their case;
4. To be present at the hearing;
5. To be represented or assisted at the hearing by a representative of their choice, being a fellow SSA member;
6. To ask questions of any evidence produced or of statements by witnesses;
7. To call witnesses to testify on their behalf;
8. To have an interpreter;

**Please note the importance of attending this investigation. If you do not attend it will be conducted in your absence.**

Should you plead guilty to any of the charges you may notify the Chairperson n in writing before the disciplinary hearing.

|  |  |  |
| --- | --- | --- |
| Name |  |  Role |
| *SSA Appointed Representative signature* |  | *Date* |

I hereby acknowledge receipt of the Notice to Attend a Hearing.

|  |  |  |
| --- | --- | --- |
| Name |  | Role |
| *Members signature* |  | *Date* |
| Name |  | Role |
| *Witness’s signature* |  | *Date* |

If the Member refuses to sign in acknowledgement of receipt of this Notice to attend the Hearing, it will be handed over in the presence of a witness who shall sign the form. The members refusal shall recorded on the Form