

**APPLICATION ON BEHALF OF A POTENTIAL CLAIMANT FOR USE WHERE A DISEASE CLAIM IS BEING INVESTIGATED**

This should be completed as fully as possible

Company  
Name  
And  
Address

1	Full name of claimant (including previous surnames)	
a)		
b)	Address now	
c)	Address at date of termination of employment, if different	
d)	Date of birth (and death, if applicable)	
e)	National Insurance number, if available	
2	Department(s) where claimant worked	
3.	This application is made because the claimant is considering	
a)	a claim against you as detailed in para 4	YES/NO
b)	Pursuing an action against someone else	YES/NO
4	If the answer to Q3(a) is 'Yes' details of	
	a) the likely nature of the claim, eg dermatitis	
	b) grounds for the claim, eg exposure to chemical	
	c) approximate dates of the events involved	

5	If the answer to Q3(b) is 'Yes' insert	
	a) the names of the proposed defendants	
	b) have legal proceedings been started?	YES/NO
	c) if appropriate, details of the claim and action number	
6	Any other relevant information or documents requested	
	Signature of Solicitor	
	Name	
	Address	
	Ref.	
	Telephone Number	
	Fax number	
<p>I authorise you to disclose all of your records relating to me/the claimant to my solicitor and to your legal and insurance representatives.</p> <p>Signature of Claimant</p>		
<p>Signature of personal representative where claimant has died</p>		