



26 Tollerton Green Bulwell Nottingham NG8 9EX
Telephone: 0115 9275108 Email: help@aduk.org.uk

All information is treated confidentially

Personal Information

Full Name:

Date of Birth:

Date Of Death (if applicable)

National Insurance Number:

House name/Number:

Town/City:

County:

Post Code:

Telephone Number:

Next of Kin

Full Name:

Date Of birth:

Relationship:

House Name/Number:

Town/City:

County:

Post Code:

Telephone Number:

Medical information

General Practitioner

Full Name:

Practice Address:

Town/City

County:

Post Code

Diagnosis (This section should be supported by evidence where possible)

If you have a asbestos related disease. Please state which below?

Date of Diagnoses:

Where were you diagnosed:

If no diagnoses has been made. Please describe you symptoms in the space below.

Consultant/Specialist Details

Full Name

Hospital Name

Town

City

County

Postcode

Give details of any CT Scans/X-Rays or Biopsy's carried out relating to your condition.

Procedure	Hospital	Date

Give details of any medical treatment you have received/are receiving.

Benefits

Has a claim for Industrial Disablement Benefit been made?

Yes No

Was the claim successful?

Yes No

If no please state the reason for refusal.

If yes please give information about the award

Percentage awarded

Date Of Claim

Please disclose any other state benefits or compensation claims made

Legal information

Have you sort Legal advice ?

Yes No

If yes, please give us contact details of your Solicitor below

If you are a member of a trade union, please state name and branch

Employment History

Please give details of employment since leaving school, including job descriptions, continue on a separate sheet if necessary.

Employer	Job Description	From	Until

Further Information

Please use the space below to provide any further information that may help us.

Signed:

Date:

Kim Atherton

Chair person and coordinator

Entirely Funded by Voluntary Contributions