

Major Incident Team
Criminal Injuries Compensation Authority
Tay House
300 Bath Street
Glasgow, G2 4LN

Freephone: 0800 358 3601



a government funded scheme - putting victims first

For office use only

Reference number:

Compensation for a personal injury following a major incident

You do not need to be represented to apply for criminal injuries compensation. You can get free advice from us on **0800 358 3601** or from organisations such as Victim Support on 0845 303 0900 (www.victimsupport.org.uk) or Citizens Advice (www.citizensadvice.org.uk). **If you choose paid representation we cannot meet the costs of this.**

How to fill in this form

We need this information to assess your case and may send the form back to you if there is information missing. This could delay your application.

If you are having difficulty completing this form please call one of our advisers on freephone **0800 358 3601**.

Fill in the form in BLOCK CAPITALS and tick the boxes that apply. **Use section 10 to provide any additional information you want and continue on extra sheets if necessary.** If you are applying on someone else's behalf answer the questions as though you were the injured person. Please note that you can get more information and apply online at www.cica.gov.uk

We will store and process the information you provide in line with the Data Protection Act 1998. Under the Act you can ask to see all the information we have about you.

Eligibility statements

Please tick "yes" or "no" for each of the following.

Were you injured as a result of the major incident listed above? Yes No

Did you suffer a physical or psychological injury as a result of this major incident, or were you present when someone closely related to you was a victim of this major incident? Yes No

Is this the only compensation claim in respect of this criminal injury that you have made or intend to make? You may answer "yes" even if you are also applying on behalf of a minor applicant. Yes No

If you answered "no" to any of these questions you might not be able to apply on this form. Please call freephone 0800 358 3601 for further clarification. Otherwise, please continue.

2 Applications made more than two years after the date of incident

There is a two-year time limit to apply for compensation. If the incident happened more than two years ago, please tell us why you are applying now so that we can take your explanation into account.

3 Reporting the incident

a) Was the incident reported by you to the police? Yes No
 If yes, give date:

b) Are the police aware of your involvement in this incident? Yes No
 If yes, when were the police made aware?
 Please provide details of who you contacted:

c) Did you make a formal police statement? Yes No

d) Were you injured in the course of your work? Yes No

If yes, please provide details of your employers:

4 The injuries

a) Have you had any treatment, including any physiotherapy, for your injuries? Yes No

Are you still receiving treatment? Yes No

If yes, who from?

b) Please list the physical and/or mental injuries you were treated for as a result of the incident. This only needs to be a brief description (for example “facial cuts x 3”):

c) Please list your current symptoms, if any, including any permanent scarring or deformity:

d) If you sustained a mental injury, please give brief details of your involvement in this incident including where you were at the time of the incident and who you were with:

Do not send any photographs of scarring unless we ask for them. We may contact you in the future to ask for further information about the injuries and any ongoing treatment.

In some cases of very serious injury we may make payments towards loss of earnings or special expenses. Please keep any receipts relating to special expenses paid out as a result of the injuries described above. You can find out more about special expenses in our guide to the criminal injuries compensation scheme.

5 Medical details

a) Did you attend Accident and Emergency (A&E)? If so, give the name and address of the hospital, the date you attended and attach the discharge note from A&E. If the hospital charges for this, keep the receipt and we will pay you back.

Date attended:

b) General practitioners (GPs) hold medical records, which we need to access. Please give the name, initials and full address of your GP, even if you didn't see them in relation to this incident.

If you did see your GP, give the date you **first attended** in relation to this incident:

c) If you needed dental treatment because of your injury, please give the name and full address of the dentist who treated you.

Date attended:

d) Details of anyone else you have received treatment from:

Date attended:

Continue on a separate sheet if necessary

c) Offence (if you were convicted abroad please tell us the country):

Sentence:

Date of sentence:

d) Offence (if you were convicted abroad please tell us the country):

Sentence:

Date of sentence:

e) Offence (if you were convicted abroad please tell us the country):

Sentence:

Date of sentence:

f) If there are any further convictions please list them in the box below using the same format as above (offence; sentence; date of sentence):

9 Please tick the relevant boxes to show what documents or additional forms you have enclosed

	Enclosed	Not applicable
Applying on behalf of someone for whom you have parental responsibility	<input type="checkbox"/>	<input type="checkbox"/>
Applying on behalf of someone over 18 who is legally incapable of managing their own affairs	<input type="checkbox"/>	<input type="checkbox"/>
Using a representative	<input type="checkbox"/>	<input type="checkbox"/>
I expect to be unable to work for more than 28 weeks as a result of my injuries	<input type="checkbox"/>	<input type="checkbox"/>
Discharge note from the treating hospital's accident and emergency department (also enclose the receipt if you were charged for this)	<input type="checkbox"/>	<input type="checkbox"/>

Please tick to indicate that the following statements are true before returning your form

- I will post an original signed application and not a photocopy

Consent and signature form

Please sign the following authorisation and return this form and any supplementary forms to us at the address given on the front of this form. Please read this part carefully before you sign below. Your signature authorises the Criminal Injuries Compensation Authority (the Authority) to investigate your claim and get reports from the relevant people and organisations.

I have read and agree with the following statements:

1. The information I have given the Authority is true. I understand that if I knowingly give information that is incorrect, I may be liable to prosecution or other action.
2. The Authority has my permission to carry out a convictions check on me (and in fatal injury applications, the deceased).
3. I agree to notify the Authority or if appropriate TS-CIC of any changes to the information I have or will provide.
4. I give my consent for the Authority to contact any of the organisations listed below and obtain from them information in order to process my claim or to verify any of the information I have provided. The Authority may also tell the people and organisations listed below that I have made this application and tell them of the decision in my case where appropriate:
 - a. Police authorities in any county I may have lived as an adult;
 - b. ACRO;
 - c. Medical authorities and practitioners with information that may be relevant to my case (including police doctors and surgeons);
 - d. the Department for Work and Pensions;
 - e. HM Revenue and Customs
 - f. Any other person or organisation with information relevant to this application

If the injured person is 12 years or older they must sign this form at a) below. If you are filling in this form for someone under 18 or for someone who, even with assistance, lacks the capacity to understand it or make a decision on it, you should sign at b) below.

Injured person (aged 12 or over)

a) Sign

Print

Date

Parent, Guardian or authorised person

b) Sign

Print

Date

You must enclose an original birth certificate for any child.

Please tick to say you have done this

We will return all original documentation to you.

Equal opportunities monitoring form

We aim to provide a fair service that treats everyone equally in terms of our practices and procedures. To make sure we are doing this, please tell us the following information about you by ticking the relevant boxes below. Your responses will not affect the claim.

This information will be kept separate from your application and will be treated in the strictest confidence.

Gender Female Male

Do you identify as transgender, transexual or intersex? Yes No

Age 16-24 25-34 35-44 45-55 56-65 over 65

Religion Baha'i Parsi Buddhist Rastafarian
 Christian Sikh Hindu Jewish
 Muslim None Other (please state)

Sexual orientation Heterosexual Gay / Lesbian Bisexual

Do you consider yourself disabled? Yes No

Are you:

a) White

English Scottish Welsh Irish
 Other White background (please state)

b) Mixed

White and Black Caribbean White and Black African
 White and Asian Other Mixed background (please state)

c) Asian, Asian British

Indian Pakistani Bangladeshi
 Other Asian background (please state)

d) Black, Black British

Caribbean African
 Other Black background (please state)

e) Chinese, Chinese British

Any other background (please state)