

ASBESTOS EXPOSURE QUESTIONNAIRE (members)

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN IT TO:

Thompsons Solicitors, Acresfield, 8 Exchange Street, Manchester M2 7HA

If you have problems completing this form, please ask your local amicus Representative to help.

PERSONAL DETAILS

Surname

Female

Male

Forenames

Home address

Post Code

Home telephone number

AMICUS DETAILS

Are you a member of amicus?

Yes

No

Please give your amicus membership number

ASBESTOS DETAILS

Have you been exposed to asbestos?

Yes

No

Please give details of where and when you were exposed to asbestos:

Name & Address of Employer

Dates of
Employment
From / To

Brief description of how
you were exposed

Please provide any additional information on a separate sheet of paper

Please give the names and addresses of any workmates or witnesses who can confirm how you were exposed to asbestos:

Name
Address

Name
Address

Name
Address

Name
Address

Have you ever been told that you may be suffering from any asbestos related disease?

Yes

No

If yes, have you been told which of the following you are suffering from?

Mesothelioma

Pleural Plaques

Pleural Thickening

Asbestosis

Lung Cancer

When were you diagnosed?

Have you ever applied to the DWP for benefit for asbestos related disease?

Yes

No

If yes, when did you claim?

Have you ever previously obtained legal advice in connection with your asbestos exposure?

Yes

No

If yes, please give the name and address of the solicitor:

I confirm that I consent to this information being stored on a database and shared with others, including other law firms instructed by the union. The use of this data will be solely for the purpose of assisting personal injury claims on behalf of you or others who have been exposed to asbestos.

If you require legal assistance as a result of your asbestos exposure or any other injury, you should contact your local amicus office

Signed.....

Dated