

4.8 Were you and the person who injured you living in the same household as members of the same family?

YES Go to 4.9

NO

4.9 Are you and the person who injured you still living in the same household as members of the same family?

YES

NO

4.10 Did anyone see the incident?

YES Go to 4.11

NO Go to section 5

4.11 Please give the name(s) and full address(es) of any person(s) who saw and/or were injured in the incident or any person(s) who were injured by the same offender. Continue on a separate sheet if necessary.

Postcode

Postcode

5. Details of the report of the incident to the police (guidance note 5)

5.1 Were the police told about the incident?

YES Go to 5.3

NO Go to 5.2

5.2 Why were the police not told about the incident? Please complete and go to Section 6.

5.3 Did you tell the police about the incident yourself?

YES Go to 5.5

NO Go to 5.4

5.4 Why did you not tell the police about the incident yourself? Please state clearly who told the police.

5.5 When were the police first told about the incident?

day	month	year	time	am	pm

5.6 If the police were not told about the incident immediately please explain why.

5.7 What is the address of the police station which has details of the incident?

Postcode

--

5.8 What is the name and number of the officer to whom the incident was reported?

--

5.9 What is the Crime Reference Number?
(Please note our investigations may be delayed if this number is not provided)

--

5.10 Did you make a written statement?

YES

NO

5.11 Was the person who injured you convicted?

YES

NO

DON'T KNOW

6. Details of the report of the incident to an authority other than the police (guidance note 6)

6.1 Was the incident reported to any authority other than the police?

YES Go to 6.2

NO Go to Section 7

6.2 Did you report the incident yourself?

YES Go to 6.3

NO Go to 6.7

6.3 To whom was the incident reported?

Name:

Address:

Postcode

--

6.4 When was the incident first reported?

--	--	--

day month year

--

time

--

am

--

pm

6.5 If the incident was not reported immediately after it happened please say why.

6.6 Was a written statement taken?

YES

NO

6.7 Why did you not report the incident yourself?

7. Description of injuries (guidance note 7)

7.1 What injuries did you receive?

7.2 Have you fully recovered?

YES Go to 7.5

NO Go to 7.3

7.3 What are your current symptoms?

7.4 Are you still receiving treatment for your injuries?

YES

NO

7.5 Have the injuries left any permanent scarring or deformity?

YES

NO

8. Details of treatment as a result of the injury (guidance note 8)

8.1 Did you go to hospital? YES Go to 8.2 NO Go to 8.7

8.2 Give the name(s) and address(es) of each of the hospital(s) you attended and if possible your hospital reference number(s).

Postcode

1st Hospital reference number.

8.3 Please give the admission date and discharge date if you had to stay in this hospital because of the injuries you received.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	in-patient
day	month	year	day	month	year	

8.4 Please give the date of your first and, if appropriate, second visit as an out-patient to this hospital for treatment because of the incident.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	out-patient
day	month	year	day	month	year	

Postcode

2nd Hospital reference number. (if appropriate)

8.5 Please give the admission date and discharge date if you had to stay in this hospital because of the injuries you received.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	in-patient
day	month	year	day	month	year	

8.6 Please give the date of your first and, if appropriate, second visit as an out-patient to this hospital for treatment because of the incident.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	out-patient
day	month	year	day	month	year	

8.7 Did you attend a Doctor other than at a hospital? YES Go to 8.8 NO Go to 8.10

8.8 Please give your current Doctor's name, including initials, and full postal address.

Postcode

8.9 Please give the date of your first and, if appropriate, second visit to the Doctor for treatment because of the incident.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year	day	month	year

8.10 Did you attend a Dentist?

YES Go to 8.11

NO Go to Section 9

8.11 Please give your current Dentist's name, including initials, and full postal address.

Postcode

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8.12 Please give the date of your first and, if appropriate, second visit to the Dentist for treatment as a result of the incident.

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day month year

--	--	--

day month year

9. Loss of earnings and Special expenses (guidance note 9)

Please read guidance note 9 carefully before answering the questions in this section.

9.1 Have you been, or do you expect to be off work or similarly incapacitated for more than 28 full weeks as a result of the injury?

YES Go to 9.2

NO Go to section 10

9.2 Have you returned to work? If so, please give the date of return.

--	--	--

day month year

9.3 Have you lost, or do you expect to lose earnings or earning capacity for more than 28 full weeks as a result of the injury?

YES

NO

9.4 Have you incurred special expenses? (To claim special expenses, you require to have been incapacitated for longer than 28 weeks. Please see guidance note 9)

YES

NO

If you have answered yes to any of the questions in this section, we may write to you for further details.

10. Payments and Compensation for your injuries from other sources (guidance note 10)

10.1 Have you applied for compensation for this incident from another person or body (other than an Order to pay compensation made by a criminal court)? Yes Go to 10.2 No Go to 10.4

10.2 Please give the name and address of the person or body to whom you have applied.

Postcode

10.3 Please give the date of the application and reference number.

day	month	year

Reference Number

10.4 Do you intend to apply to any other person or body for compensation as a result of this incident (other than an Order to pay compensation made in a criminal court)? Yes Go to 10.5 No Go to 10.6

10.5 Please give the name and address of the person or body to whom you intend to apply.

Postcode

10.6 As a result of the incident have you received or do you hope to receive:

- (a) Compensation or damages as a result of any Court Order YES NO
- (b) Compensation or damages from ANY other source YES NO

10.7 If the answer to any of the above questions is YES, please give details (including amounts awarded).

PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE FORM

- 13.1 The information I have given in this form is true.
- 13.2 I agree to tell the Authority in writing about any changes to the information I have provided.
- 13.3 I agree to inform the Authority if I make any claim to any other person or body for compensation or damages for some or all of the same injuries in respect of which this application is made.
- 13.4 I agree to inform the Authority if I receive damages or compensation from any other source for any/all injuries in respect of which this application is made.
- 13.5 I agree to give the Authority all reasonable assistance and to disclose all medical reports obtained or to be obtained on my behalf.
- 13.6 I authorise and request the following bodies to supply any information reasonably requested by the Authority in connection with this application:
- (a) The Police (including police doctors'/surgeons'/pathologists' reports)
 - (b) Medical Authorities
 - (c) My employers
 - (d) Relevant government authorities
 - (e) Inland Revenue
 - (f) Relevant local authorities
 - (g) Any other person, body or organisation with information relevant to this application.
- 13.7 I authorise the Authority to ask any court responsible for enforcing a compensation order in my favour to hold any outstanding money received as a result of that order until the Authority informs the court that it has reached a final decision about my application.
- 13.8 I understand that the Authority may inform the authorities and persons mentioned above that I have made this application, and tell them its decision.
- 13.9 Signature of applicant

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day month year

- 13.10 Signature of person applying on behalf of injured party

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day month year

NOTE 1: IF THE INJURED PERSON IS UNDER THE AGE OF 18, PLEASE REMEMBER TO ENCLOSE THEIR BIRTH CERTIFICATE - SEE OVERLEAF AND ALSO SECTION 2 OF THE GUIDE TO COMPLETING THE PERSONAL INJURY APPLICATION ON PAGE 16.

NOTE 2: The Authority will process the information it receives in connection with this application in accordance with the provisions of the Data Protection Act 1998 and is obliged to comply with all lawful requests for disclosure of information it receives in accordance with that Act.

14. Enclosed documents

If you are enclosing any original documents with this application form, we recommend that you use recorded delivery post.

Please tell us which documents you are sending by ticking the boxes below, as appropriate:–

Birth certificate

Marriage certificate

Death certificate

Passport

Other (please provide details)

We shall photocopy any documents received and return them to you by recorded delivery as soon as possible. Please note that they are sent at your own risk and while we will take all reasonable steps to safeguard them while in our possession we cannot be held liable in the event of any loss or damage which may arise.

THE CRIMINAL INJURIES COMPENSATION AUTHORITY

Ethnic Monitoring Policy

The Authority wishes to establish whether there are differences in application rates between different ethnic groups which need to be addressed by better targeting of some groups to improve awareness of the Scheme. The information contained in this questionnaire will be recorded separately from the application details, and the questionnaire will then be removed and destroyed.

It would be helpful if you could complete the following:

How would you describe your ethnic origin or descent?

White:

- British
- Irish
- Any other white background

Mixed:

- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed background

Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British:

- Caribbean
- African
- Any other black background

Chinese or other ethnic group:

- Chinese
- Any other

Thank you for your help.

GUIDE TO COMPLETING THE PERSONAL INJURY APPLICATION

Introduction

Please read this guide carefully. It is intended to help you complete the personal injury application form. The relevant section of the Guide is referred to at the beginning of each section of the application form.

This is not a guide to the Criminal Injuries Compensation Scheme, a copy of which can be obtained from the address on the front of this application form.

If you are completing the form on behalf of someone else, please remember that it is written as though it were addressed to the injured person.

When your completed application is received it will be recorded and you will be sent an acknowledgment including a reference number which should be quoted in all communications.

If the person who was injured has died, please do not use this form but ask the Authority for a Fatal Application Form.

When completing this form, please remember to -

write in block capitals

tick the boxes that apply

when you are asked to give a date, write in the box provided, using numbers only;

example: for 10 January 2001

write

10	01	01
----	----	----

day month year

Section 1: Details of the injured person

It is very important that you provide full details.

If you are applying on behalf of an injured person under 18 years of age, you must advise us if the child is, or becomes, the subject of a care, supervision, residence or any other type of local authority order. Please provide the name and address of the local authority involved, as well as the name of the social worker assigned to the case, and, where known, the relevant reference number.

Section 2: Details of person applying on behalf of injured person

This section should be completed only if the injured person is under 18 years old or is incapable of handling his/her own affairs. If you are applying on behalf of a minor, you should normally have parental responsibility for the minor otherwise there could be delays in dealing with the application if it is made and conducted by the wrong person. If you are unsure about parental responsibility, you should seek advice, for example from your local Citizens Advice Bureau. You must enclose the child's **original** birth certificate which will be returned to you immediately. If your surname is different to that of the child, a **full**, original birth certificate must be provided, unless you are a local authority applying on behalf of children in care. For the purposes of the Scheme, anyone below the age of 18 is regarded as a minor.

If you are applying on behalf of an adult who is legally incapable of handling his or her own affairs, you must be properly authorised to act on that person's behalf.

Section 3: Details of representative or other body helping you with this claim

You do not need to obtain the services of a Solicitor or Trade Union to represent you in connection with your application, but, if you choose to be represented, you must tell us whether we should correspond directly with your representative or with you. A Victim Support Scheme can help you to make this application but is not able to give you legal advice.

The Authority is not responsible for an applicant's legal costs, nor can awards to minors be mandated in favour of anyone other than the person(s) with parental responsibility.

Section 4: Details of the Incident

It is very important that you give precise details about the date, time and place of the incident.

Questions 4.1 & 4.2 Your application should relate to one incident. If you wish to apply for compensation in respect of unrelated incidents you must complete a separate application form. If, however, your injuries are as a result of abuse over a period of time, you should complete one application giving the date the abuse started and ended.

Question 4.4 Please give a location and full address. For example, rather than saying 'The Queens Arms' or 'At John Smith's house', it will be much more useful if you make it clear if the incident happened indoors or outside and provide the full address including the name of the street and town.

Question 4.7 If the incident happened more than two years ago, you must tell us why you did not apply earlier.

Questions 4.9 & 4.10 Please tell us if anyone else saw the incident and provide their name(s) and address(es) if possible.

Section 5: Details of the report of the incident to the police

We need to ask the police about the circumstances of the incident in which you were injured and your conduct before, during and after the incident. You must complete this section fully if you told the police about the incident, or if someone told them on your behalf.

- Question 5.1 If you told the police about the incident immediately after it happened and later made a formal report, please make it clear that you, or someone acting on your behalf, spoke to the police more than once. If you told the police about the incident, but did not make a formal report, it is important that you say so.
- Question 5.2 If the police were not told about the incident, it is very important that you give a full answer to this question.
- Question 5.5 If you did not tell the police about the incident yourself, it will be difficult for us to make our enquiries unless you tell us who did report it to them.
- Question 5.6 An incident should be reported to the police at the earliest possible opportunity. If the police were not told immediately after the incident, you must provide a full answer to this question.

Section 6: Details of the Report of the Incident to an Authority other than the Police

In certain circumstances, we may accept that it was appropriate for you to report the incident to an authority other than the police. This applies particularly in the case of nurses, teachers and prison officers who are assaulted on duty, or a school pupil who is assaulted at school and reports the incident to the school authorities. It is important that you give details of the person or institution to whom you reported the incident.

Section 7: Description of Injuries

- Question 7.1 Please describe fully the physical and/or mental injuries you received as a direct result of the incident. It is not necessary to use medical terms. Please do not send photographs of your injuries unless asked.
- Question 7.3 If you have not fully recovered from your injuries, you should give us details of your current symptoms. In these circumstances, we may write to you again for more information.

Section 8: Details of treatment as a result of the Injury

If you received any form of medical, psychiatric, psychological or dental treatment as a direct result of the injury, please provide full details about the place(s) of treatment. If you provide full details, it will be easier for your medical/dental records to be found.

We will not pay for medical examinations or reports which have not been specifically requested by us in the course of our enquiries.

Section 9: Loss of earnings and Special expenses

If your injury causes you to lose earnings or earning capacity for longer than 28 full weeks, you may be eligible for compensation for loss of earnings. Compensation is not payable for the first 28 full weeks of lost earnings or earning capacity.

You may be considered for an additional amount of compensation if, as a direct result of the injury, you have been incapacitated for more than 28 full weeks and have incurred special expenses.

“Incapacitated” means, for example, that your injury prevented you from working, or attending school, or, if retired, prevented you from following your normal lifestyle to a significant extent. You do not have to be in work at the time of the injury to qualify for special expenses.

Special expenses can include:

- (a) Loss or damage to property or equipment on which you relied on as a physical aid, if the loss or damage was as a direct result of the injury; for example - spectacles and dentures.
- (b) costs (not loss of earnings or earning capacity) associated with National Health Service treatment for the injury.

Examples - NHS prescriptions, dental and optical charges or extra fares to hospital - if the costs have not been met in full by the National Health Service or the Department of Social Security.

- (c) the cost of private medical treatment for the injury will only be considered if in all the circumstances the private treatment and its costs are considered reasonable by the Authority.
- (d) the reasonable cost of -
 - (i) special equipment, and/or
 - (ii) adaptations to your accommodation, and/or
 - (iii) care, whether in a residential establishment or at home, which is not provided or available free of charge from the National Health Service, local authorities or any other agency, provided the Authority considers such expenses to be necessary as a direct consequence of the injury.

In the case of (d)(iii), the Authority will take into account the expense of unpaid care provided to you by a relative or friend of the victim. Compensation in such circumstances will be assessed on the carer’s loss of earnings and/or additional personal and living expenses as calculated on such a basis as the Authority considers appropriate, or by reference to the level of care provided.

Claims for special expenses at Section 9(a) and (b) will only be considered if receipts are provided. **Do not** send receipts now - we will ask you for them if we think you may be eligible for additional compensation in respect of special expenses.

If we consider that you may be eligible for compensation for loss of earnings and/or special expenses, we will send you a “Loss of Earnings and Special Expenses” form and guide. We will use the information you provide to make enquiries to allow us to determine your eligibility for additional compensation and to calculate the amount.

Section 10: Payment of Compensation from other sources

You must tell us about any claims you make, or any damages, or compensation you receive as a result of your injuries. This includes claims lodged with the Motor Insurers’ Bureau. We may deduct any amount received in this way from any award we may make.

Section 11: Previous Applications

Please tell us about any previous applications you have made for criminal injuries compensation.

Section 12: Your remarks

Please add any further information which you feel may assist your application.

Section 13: Signature and Authorisation

Please read this section very carefully before you sign it. Your signature is the authorisation which allows us to start our enquiries and to obtain reports from the relevant authorities and to inform these authorities of the decision.

Before sending the form to us, please check that you have answered all the relevant questions and that all the relevant supporting documentation has been enclosed.

GENERAL INFORMATION

If any of the information you have given on the form changes, you must tell us immediately in writing quoting your case reference number.

The Authority's offices are open from 9.00 am until 5.00 pm from Monday to Thursday and 9.00 am until 4.30 pm on Friday for telephone enquiries.

