

UNISON asbestos exposure questionnaire

Please complete this form if you know or believe you have been exposed to asbestos during your current or past employment and send the completed form by e-mail to: Kayleighmaxwell@thompsons.law.co.uk or post to Ian McFall, St Nicolas Building, St Nicholas Street, Newcastle upon Tyne, NE1 1TH

1. Surname

2. Forename(s)

3. Home address

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4. Email

5. Tel (home)

6. UNISON membership number:

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7. Membership status. Please indicate below if you are a current or retired member of UNISON or set out your status if neither

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8. Have you been exposed to asbestos? **Yes/No**

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

Name of employer/ address of premises where you worked	Name of branch	Dates of employment from - to	Brief description of how you were exposed to asbestos

Please provide any additional information on a separate sheet of paper.

10. Please give the names and, if possible, addresses of any workmates or witnesses who can confirm how you were exposed to asbestos. Where you give a name, please also say at which premises they worked.

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11. Have you ever been told that you may be suffering from any asbestos related disease? **Yes/No**

12. If yes, have you been told which of the following you are suffering from? **Please tick**

- | | |
|--------------------|--------------------------|
| Mesothelioma | <input type="checkbox"/> |
| Pleural Plaques | <input type="checkbox"/> |
| Pleural Thickening | <input type="checkbox"/> |
| Asbestosis | <input type="checkbox"/> |
| Lung Cancer | <input type="checkbox"/> |

13. When were you diagnosed?

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

- | | |
|------------|--------------------------|
| | Please tick |
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

15. If yes, when did you claim?

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

- | | |
|------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

If yes, please give the name and address of the solicitors.

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I consent to this information being stored on a database and shared with others, including the union's lawyers and that it belongs to UNISON for the benefit of the members. The use of this data will be solely for the purpose of assisting personal injury claims on behalf of union members who have been exposed to asbestos.

I confirm that the contents of this statement are true

Signed Date

If you have any queries/concerns about filling out this questionnaire please contact Thompsons Solicitors on 0191 269 0488.

If your enquiry is about accessing legal advice following diagnosis of an asbestos-related disease or any other injury, please call UNISONdirect on **0845 355 0845**.