

UNITE LEAD EXPOSURE QUESTIONNAIRE

Please complete this form and return it to your Regional Office.

1. SURNAME:
2. FORENAME(S):
3. HOME ADDRESS:

4. HOME TELEPHONE NUMBER:
5. EMAIL ADDRESS

6. Please give your Unite membership number:

		/			/			/		
--	--	---	--	--	---	--	--	---	--	--

7. Are you a current member of Unite?

Yes

No

8. Have you been exposed to lead at work?

Yes

No

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

Name & Address of Employer and Address of site/location where exposure occurred	Dates of Employment From - To	Brief description of how you were exposed to lead.

Please provide any additional information on a separate sheet of paper and attach it securely to this questionnaire.

10. Please give the names and addresses of any workmates or witnesses who can confirm how you were exposed to lead.

11. Have you ever been told that you may be suffering from an illness caused by lead?

Yes

No

12. If **yes**, what condition are you suffering from?

13. When were you diagnosed?

14. Have you ever applied to the DWP for industrial injuries benefit for lead related disease?

Yes

No

15. If yes, when did you claim?

16. Have you ever previously obtained legal advice in connection with a compensation claim for a lead related illness? If yes, please give the name and address of the solicitors.

Yes

No

I confirm the content of this statement is true

I consent to this information being used by the union and its lawyers for the purpose of assisting personal injury claims.

Signed.....Dated.....

If you require legal assistance as a result of being diagnosed with a disease caused by lead exposure or to make a claim for any other personal injury you should **contact Unite Legal Service on 0800 709 007** or your Regional Office **without delay**