

C1 APPLICATION FOR LEGAL ASSISTANCE CIVIL CLAIMS



Has legal assistance been obtained previously in respect of this matter?
If YES, please provide Central Committee reference

Solicitors name & reference (if known)

Names of other members also seeking assistance in relation to this matter

SECTION 1 - POLICE FEDERATION MEMBER'S DETAILS

Name in full

Rank

D.O.B.

Collar/warrant

Date joined

Force

Station

Annual salary

Email

Home address

Postcode

Home
telephone

Work telephone

Mobile

SECTION 2 - APPLICANT'S DETAILS (if different from above)

Name in full

Relationship to member

D.O.B

Mobile

Home telephone

Work telephone

Email

Home address

Postcode

SECTION 3 - RELEVANT INFORMATION

	YES	NO
Are you currently pursuing any other personal injury claim, including a criminal injuries compensation claim (CICA)?		
Are you intending to pursue a CICA claim?		

If YES, please provide details

	YES	NO
Have you previously suffered a personal injury in an accident/s or an incident/s and pursued a civil claim?		

If YES, please provide details of the circumstances of the accident/incident and injuries sustained

	YES	NO
Was your civil claim funded by the Police Federation?		

If YES, please provide details and any reference numbers, etc.

	Yes	No
Have you received compensation for any injury/injuries sustained?		

If YES, please provide details

SECTION 4 - ONLY TO BE COMPLETED IN THE CASE OF FATAL ACCIDENTS

Where available, copies of the relevant certificate(s) are attached:

	YES	NO
Marriage		
Birth		
Death		

NEXT OF KIN DETAILS

Name in full

Relationship

D.O.B.

Address

Full names, addresses and dates of birth of the deceased's children or other dependants

Dependant 1

Dependant 2

Dependant 3

Dependant 4

Dependant 5

	YES	NO	NOT KNOWN
Is an Inquest to be held?			

If YES, please provide the date and the location (full address required please)

	YES	NO
Has a Grant of Probate/Letter of Administration been taken out?		
If not, do you wish the Federation Solicitors to attend to this?		

SECTION 5 - CLAIM DETAILS

Please complete the following information in respect of the accident / incident / issue:

Date

Time

Place

Brief description (i.e. road traffic incident etc)

In the case of an accident involving motor vehicles, please provide FULL names and addresses of owners and/or drivers, registration marks and names, addresses and policy numbers of insurers. (If own private vehicle involved state type of cover, i.e. comprehensive/third party etc).

If road traffic accident, which police force/station is handling the investigation?

HEARING LOSS ?
Complete Hearing Loss
Questionnaire

HEALTH & SAFETY AT
WORK ISSUES ?
Complete Health & Safety
Information Sheet

	YES	NO
Have you received compensation for any injury/injuries sustained?		

If YES, please provide details

Who do you believe is responsible for the accident and why? Please give details of that party's name and address if not specified above

Name and address of witnesses (if any)

IMPORTANT ! Please attach a detailed written statement, a sketch plan, plus any other supporting document

SECTION 6 - INJURIES

Please list all injuries suffered by you in the accident

Have you recovered from all your injuries? If not, please provide full details of any physical or mental problems suffered as a result of the accident

Name and address of hospital attended with hospital number and name of consultant (if known)

How many times have you attended the hospital since the accident?

Name and address of your General Practitioner

Do you still need to resort to any medication, including painkillers? If YES, please provide details

	Static	Improving	Deteriorating
Do you consider that your condition is:			

SECTION 7 - ABSENCES AND FINANCIAL LOSSES

Specify dates of absence from work

Detail any loss of overtime, allowances or other benefits

Please give your National Insurance Number

Have you claimed any benefits yet from the DSS? If YES, provide details here

Please give FULL details of all other losses suffered as a result of the accident, including vehicle damage, increased transport costs, property damage and family expenses (continue on a separate sheet if necessary).

SECTION 8 - CCFA

It has been agreed with our retained solicitors that the majority of personal injury and clinical negligence cases will be conducted under a Collective Conditional Fee Arrangement (CCFA).

This agreement covers new cases referred to Slater & Gordon and Pattinson & Brewer Solicitors. We wish to emphasize that whilst the cases are run under CCFA this will have no effect upon the way in which cases are handled and our members and their families should notice no difference.

SECTION 9 - AUTHORITY FOR RELEASE OF MEDICAL RECORDS

I authorise you to release details of my records in your possession to my Solicitors or to such other person or persons as they may direct.

Name in full

SIGNATURE

DATE

SECTION 10 - MEMBER DECLARATION - TERMS & CONDITIONS

This section MUST be completed by the member only

I certify that the incident or issue arose:

	YES	NO
Whilst I was engaged on police duty		
Whilst I was travelling to or from police duty		
Is related to police duty		
NOT APPLICABLE / FAMILY APPLICANT		

I understand that the Police Federation of England & Wales known here as PFEW, will not be responsible for any costs incurred prior to its written instructions being sent to PFEWs appointed solicitors. I am aware that I may instruct my own solicitor but that I will do so at my own expense.

I understand that by seeking legal assistance I am agreeing to the processing by PFEW and PFEWs appointed solicitors, of information provided by me to PFEW for the purposes of PFEW funding legal services for me. I understand that this information will be maintained electronically by PFEW and destroyed approximately 6 years following completion of work relating to my application. I also understand that PFEW may wish to process my personal information for personnel, administration and organisational management purposes. I understand that all personal information is treated with the utmost confidentiality and in compliance with the Data Protection Act 1998. By agreeing the terms and conditions within this application I acknowledge that I am providing PFEW with my consent to these uses.

I understand that in all cases where support is given to pursue a claim for injuries suffered by members of my immediate family, any costs and/or disbursements which the solicitors are unable to recover on the completion of the claim from the Defendants will be the responsibility of the members of my family on whose behalf they were incurred and that PFEW may take reasonable steps to recover these costs and/or disbursements from me.

In consideration of PFEW granting legal assistance to me, I understand that if, as a result of any dishonest or wilful act or omission or exaggeration on my part, PFEW incurs liability for legal costs and/or disbursements that are not recoverable from a third party, then I will be liable to reimburse such costs and/or disbursements to PFEW. I acknowledge that in the event of any costs award against me in a civil/employment claim being made on the basis of any adverse judicial findings and/or my unreasonable conduct, I will be personally liable for those costs. In any other circumstances where costs are awarded against me PFEW, may, at its discretion, agree to pay some or all of these costs. I also understand that if an adverse prosecution costs order is awarded against me, then I will be personally liable for those costs. In the event of any recovery of damages, I authorise that such costs are payable from my damages.

I confirm that I have read, understand and accept the above terms and conditions.

(please tick here)

Member's signature

Date

SECTION 11 - FOR COMPLETION BY THE BRANCH BOARD SECRETARY

MEMBER'S ELIGIBILITY FOR LEGAL ASSISTANCE:

	Yes	No
Applicant is a contributor to the PFEWs Voluntary Fund		
Applicant was a contributor to PFEWs Voluntary Fund on the date of the incident		
Applicant is entitled to seek the assistance of the PFEW		

NOMINATED LEGAL SERVICE PROVIDER:

I understand that legal services will be provided by PFEWs retained panel solicitors at the discretion of the relevant Central Committee General Secretary or Deputy General Secretary.

Name & address details of Solicitor and/or Barrister

Contact Telephone

Contact
Email

Reference number
(if any)

I CONFIRM THIS CASE ARISES FROM AN INCIDENT WHICH IS COVERED BY THE FUND RULES. ALL RELEVANT CIRCULARS AND ENTRIES IN THE LEGAL SERVICE FUNDING CRITERIA, PROCEDURES AND MEMBERSHIP SERVICES HANDBOOK HAVE BEEN COMPLIED WITH.

Signature

Date

Full name

Position

EQUALITY MONITORING INFORMATION FORM

In order for the Police Federation to comply with its obligations under the Equality Act 2010, we would be grateful if you could complete the following information. In completing this information you consent to the information being stored and retained electronically by the Police Federation. The information you supply will be kept confidential and will only be used to provide an overall analysis of our membership and the equality in the delivery of our services.

Please choose one option from each of the sections listed below.

<i>Your Ethnic Group</i>	White-British White-European White-Other Chinese Mixed-White & Black Caribbean Mixed-White & Black African Mixed-White & Asian Mixed-White & Other Asian/Asian British-Indian	Asian/Asian British- Pakistani Asian/Asian British-Bangladeshi Asian/British-Other Black/Black British-Caribbean Black/Black British- African Black/Black British-Other Other Ethnic Group Other Prefer not to say	
<i>Your Gender</i>	Male Female Prefer not to say	<i>Your Sexual Orientation</i>	Gay Bisexual Heterosexual Prefer not to say
<i>Your Age</i>	Under 20 21-30 31-40 41-50		51-60 Over 60 Prefer not to say
<i>Your Religion or Belief</i>	Christian Buddhist Hindu Jewish Muslim		Sikh None Other Prefer not to say

The Equality Act 2010 protects disabled people and defines a person as disabled if they have physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last 12 months) adverse effect on a person's ability to carry out normal day-to-day activities.

	Yes	No	Prefer not to say
<i>Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?</i>			
<i>Are you registered disabled?</i>			

PRINT /SUBMIT