

## Asbestos Claim Form

Please complete the form below with as much detail as possible, and then return the form by email to [asbestos@EBLegal.co.uk](mailto:asbestos@EBLegal.co.uk) or to the following address:

Samantha Harris  
EB Legal Solicitors  
Second Floor, Astute House  
Wilmslow Road  
Handforth  
Cheshire  
SK9 3HP

| <b>CLIENT DETAILS</b>                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------|--|
| <b>CLIENT FULL NAME AND TITLE:</b>                                                                                     |  |
| <b>ADDRESS:<br/>(INC POSTCODE)</b>                                                                                     |  |
| <b>NATIONAL INSURANCE NUMBER:</b>                                                                                      |  |
| <b>DATE OF BIRTH:</b>                                                                                                  |  |
| <b>TEL: (Home)</b><br><br><b>(Work)</b><br><br><b>(Mobile)</b>                                                         |  |
| <b>E-MAIL ADDRESS:</b>                                                                                                 |  |
| <b>EMPLOYERS NAME:</b>                                                                                                 |  |
| <b>EMPLOYERS ADDRESS:</b>                                                                                              |  |
| <b>DATE EMPLOYMENT COMMENCED:</b>                                                                                      |  |
| <b>CLIENTS JOB TITLE, DESCRIPTION AND WORK EXPOSURE TO ASBESTOS (PLEASE CONTINUE ON A SEPERATE PAGE IF NECESSARY):</b> |  |
|                                                                                                                        |  |

**ARE YOU AWARE OF ANYONE ELSE AT THE FIRM WHO WAS EXPOSED TO ASBESTOS / SUFFERS FROM AN ASBESTOS RELATED CONDITION?**

**WAS ANY PERSONAL PROTECTIVE EQUIPMENT PROVIDED? RESPIRATORY EQUIPMENT OR PROTECTIVE CLOTHING IF SO, WHEN & TYPE?**

**WERE YOU GIVEN ANY TRAINING ON ASBESTOS EXPOSURE?**

**WERE THERE ANY WASHING FACILITIES FOR CLOTHING AND NORMAL WASHING?**

**WERE YOU WORKING INDOORS? IF SO, WAS THERE ANY VENTILATION?**

**PREVIOUS EMPLOYMENT**

**EMPLOYERS NAME & ADDRESS:**

**DATE EMPLOYED:**

**DESCRIPTION OF JOB, EXPOSURE TO ASBESTOS, PPE PROVIDED:**

**EMPLOYERS NAME & ADDRESS:**

**DATE EMPLOYED:**

**DESCRIPTION OF JOB, EXPOSURE TO ASBESTOS, PERSONAL PROTECTIVE EQUIPMENT PROVIDED:**

**WHEN DID YOU EXPERIENCE SYPTOMS AND WHAT WERE THEY?**

**HAVE YOU RECEIVED A DIAGNOSIS / UNDERGONE A CT SCAN?**

**ANY OTHER RELEVANT CONDITIONS LIKE PLEURAL PLAQUES / EMPHESEYMIA /  
ASTHMA?**

**HAVE YOU BEEN EXPOSED TO ASBESTOS ELSEWHERE?**

**HAS YOUR CONDITION WORSENERD? IF SO, WHEN AND IN WHAT WAY?**