

Criminal Injuries Compensation Authority
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Criminal Injuries
Compensation
Authority

For office use only
Reference number:

Victims of Overseas Terrorism Compensation Scheme 2012

Application for compensation

You do not need to be represented to apply for an award from this Scheme. You can get free advice from your local Victim Information Service, Victim Support, Victim Support Scotland or Citizens Advice. If you choose paid representation we cannot meet the costs of this.

How to fill in this form

We need the information requested in this form to assess your eligibility for an award. We may send the form back to you if there is information missing. This could delay the application process. If you are having difficulty completing this form please call one of our advisors on 0300 003 3601. You can also get more information at www.gov.uk

Fill in the form in BLOCK CAPITALS and tick the boxes that apply. Use section 13 to provide any additional information you want and continue on extra sheets if necessary. If you are applying on someone else's behalf answer the questions as though you were the injured person; you will also need to complete section 11 of the form.

We will handle the information you provide in line with the UK General Data Protection Regulation and the Data Protection Act 2018. Under that legislation, you can request a copy of the information we have about you.

Please note that the Scheme rules contain various requirements which you must meet before you may be eligible for an award. For further information please see the Scheme and explanatory guide at www.gov.uk

Section 1: Your details

Please answer all the questions in this section.

a) Title (Miss, Mr, Mrs, Ms, etc):

b) Last name:

c) First name:

d) Any other name(s) you have used:

e) Address and postcode:

f) Date of birth (dd/mm/yyyy):

g) Town/place of birth:

h) Nationality:

i) Gender:

j) Contact telephone number:

Home:

Work:

Mobile:

k) Email address:

We will send essential information by post. We may also contact you by email or telephone where necessary.

We can make calls from 8.30am to 5pm on Monday to Friday. Please tell us when the best time to call is.

Would you prefer we deal with you or with your representative? Select the appropriate option:

If you have chosen for us to deal with your representative, please ensure you complete their details in section 11.

Section 2: Time limits for applications

We must receive your application as soon as reasonably practicable after the last date of the incident and in any event within two years of that date.

a) Are you applying more than two years after the incident? Select the appropriate option:

If no, go to section 3, if yes, go to b).

b) Are you under 20 years old?

If yes, go to section 3. If no go to c).

c) For us to accept your application there must be exceptional reasons why you could not have applied earlier. Please tell us why you are applying now so that we can take your explanation into account.

Section 3: The terrorist incident

We can pay compensation only where the Foreign Secretary has made the incident a 'designated act'. If the act has not been designated, or you are not sure, please contact us before you apply. A list of designated acts can be found at www.gov.uk

a) Has the terrorist incident been designated an act for the purposes of the Scheme?

If 'yes', please provide:

The Foreign, Commonwealth and Development Office's name for this incident:

Please provide a brief explanation of your involvement in the incident, including where you were at the time:

If 'no', please provide:

Date and time of the incident:

Location:

Please provide a brief explanation of your involvement in the incident, including where you were at the time:

b) Did you have contact with local Embassy or Consulate staff following the incident?

If 'yes', please provide the name, address and any reference numbers of the person you contacted and the date you first contacted them:

c) Were the UK police aware of your involvement in the incident?

If 'yes', please provide the name, address and any reference numbers of the person you contacted and the date you first contacted them:

Please supply evidence to show that you were present and sustained injury in the incident.

Section 4: Nationality

a) Were you a British, Swiss, European Union or European Economic Area national at the time of the incident?

If 'no', please go to question b).

If 'yes', please send a copy of your current passport with your application. If the passport that you had at the time of the incident has now expired,

please provide a copy of that as well. If you do not have a passport, we may ask you for further evidence to establish your nationality. Now go to section 5.

b) At the time of the incident, were you a close relative of a British citizen or did you have the right to be in the UK because you were you a family member of a person described in (a) above? ('Close relative' is defined at paragraph 15 of the Scheme.)

If 'no', please go to question c).

If 'yes', please send evidence of this. Please state below what evidence you are providing, and then go to section 5.

c) At the time of the incident, were you a member of the UK armed forces or an accompanying close relative of a member of the UK armed forces? (Accompanying close relative is defined at paragraph 15 of the Scheme.)

If 'yes', please send evidence of this. Please state below what evidence you are providing, and then go to section 5.

If you have answered 'no' to all of the questions in this section, it appears that you are not eligible for compensation under the Scheme. Please contact us if you wish to discuss this further.

Section 5: Residence

a) Were you ordinarily resident in the UK on and for a period of at least three years immediately before the date of the incident? (Applicants younger than three years old before the first date of the incident will satisfy the residency requirement if a person who has parental responsibility for them satisfies this requirement.)

If 'no', please go to question b).

If 'yes', please give your address (or addresses) in the UK in the three years before the date of the incident (attach extra sheets if necessary).

Address 1

Resident from _____ to _____

Address 2

Resident from _____ to _____

You will need to supply documentary evidence that you were resident in the UK during this three-year period. Please supply documents from at least two of the lists below. If you have any difficulty providing this information please contact us for further advice. Please put a tick against the documents you are enclosing with your application, and then go to section 6.

List A		List B		List C	
Pension or benefit correspondence from the Department for Work and Pensions	<input type="checkbox"/>	Bank or building society statements	<input type="checkbox"/>	Rent statements	<input type="checkbox"/>
Addressed payslips from your employer	<input type="checkbox"/>	Credit card statements	<input type="checkbox"/>	Council tax bill or demand letter	<input type="checkbox"/>
Confirmation from your work, school, college, university or care institution confirming your name, address and details of employment, student or residence status.	<input type="checkbox"/>			Tenancy agreement	<input type="checkbox"/>
				Mortgage statements	<input type="checkbox"/>
				Utility bills (gas, electricity, water)	<input type="checkbox"/>

b) Were you a Crown servant ordinarily based in the UK but posted outside the UK (whether or not in the place in which the incident happened), or an accompanying close relative of a Crown servant? ('Accompanying close relative' is defined at paragraph 15 of the Scheme.)

If 'no', please go to question c).

If 'yes', please send evidence of this. Please state below what evidence you are providing, and then go to section 6.

c) Were you a member of the UK armed forces or an accompanying close relative of a member of the UK armed forces? ('Accompanying close relative' is defined at paragraph 15 of the Scheme.)

If 'yes', please send evidence of this. Please state below what evidence you are providing, and then go to section 6.

If you have answered 'no' to all of the questions in this section, it appears that you are not eligible for compensation under the Scheme. Please contact us if you wish to discuss this further.

Section 6: Your injuries

Please answer all the questions in this section.

a) Please list the physical and/or mental injuries you were treated for as a result of the incident. This only needs to be a brief description (for example, 'loss of sight':

b) Do you have very limited or no capacity for paid work as a direct result of your injuries?

Section 7: Medical details

Please answer all the questions in this section.

a) Did you attend Accident and Emergency (A&E) either in the country concerned or in the UK, or both?

If 'yes', please give the name and address of the A&E hospital and the date you attended.

A&E name and address:

Date attended:

b) We appreciate that it is possible that you made a number of visits to hospital(s) in the UK in relation to the injuries that you received. Please provide details of the hospital(s) visited with approximate dates for these visits and the department you attended.

Hospital attended:

Department attended:

Date attended:

Hospital attended:

Department attended:

Date attended:

Please continue at section 13 or on a separate sheet if necessary.

c) General practitioners (GPs) hold medical records, which we may need to access. Please give the name and full address of your GP, even if you didn't see them about the incident.

If you did see your GP, give the date you first attended in relation to the incident:

d) If you are continuing to receive treatment for the injuries from a doctor other than your GP (for example, a hospital consultant), please give the name and full address of the doctor concerned. If there is more than one, please list them all. Please continue at section 13 or on a separate sheet if necessary.

e) Please give details of anyone else you have received treatment from:

Section 8: Previous applications

a) Have you previously claimed for a payment from this Scheme?

If no, please go to section 9. If yes, please go to question b).

b) What was your previous reference number?

Section 9: Payments or compensation from other sources

You must tell us about any other claims you have made, or intend to make, to other organisations as a result of this incident. Please give the name and full address of the person or organisation (whether in the UK or abroad) from whom you expect to receive payment, the date on which the claim started, and the amount you have received or expect to receive. If there is more than one, please list them all. Please continue at section 13 or on a separate sheet if necessary.

a) Name of person or organisation:

b) Address and postcode:

c) Date claim started:

d) Amount you have received or expect to receive:

Section 10: Unspent criminal convictions in the UK or abroad

We must consider an applicant's unspent criminal convictions. We do convictions checks on applicants. Annex B of the Scheme provides further information on this.

To help us deal with your application, if you have unspent criminal convictions in the UK or abroad, you must provide details below, starting with the most recent. If you were convicted abroad please tell us the country.

Do you have any unspent criminal convictions in the UK or abroad, including simple cautions and reprimands?

If 'no, please go to section 11.

If 'yes', please provide details of all such convictions.

a)

Offence:

Country:

Sentence:

Date of sentence:

b)

Offence:

Country:

Sentence:

Date of sentence:

c)

Offence:

Country:

Sentence:

Date of sentence:

d) If there are any further convictions please list them below using the same format as above (offence; country; sentence; date of sentence):

Please continue at section 13 or on a separate sheet if necessary.

Section 11: Representative's details

You only need to complete this section if you are applying on behalf of someone else. Please tick the relevant box:

If you are applying on behalf of someone for whom you have parental responsibility, please complete sections 11(a) and (b).

If you are applying on behalf of someone over 18 who is legally incapable of managing their own affairs, please complete sections 11(a) and (c).

If you are acting as the applicant's representative please complete sections 11(a) and (d).

a) Your details

Title (Miss, Mr, Mrs, Ms, etc):

Last name:

First name:

Address and postcode:

Contact telephone number:

Home:

Work:

Mobile:

Email address:

Relationship to the applicant (for example, parent, guardian, social worker, solicitor):

b) Persons with parental responsibility for the applicant

Please provide a copy of the child's full birth certificate.

Do you share parental responsibility with another parent or guardian?

If 'yes', please give that person's name:

Is there a care, supervision, residence or other local authority order over the child?

If 'yes', give the name and address of the local authority and enclose a copy of the documentation.

c) Persons acting on behalf of someone over 18 who is legally incapable of managing their own affairs

Is the person incapable of managing their own affairs under the Mental Capacity Act 2005 (England and Wales) or Adults with Incapacity (Scotland) Act 2000 or Mental Health (Northern Ireland) Order 1986?

Do you have legal responsibility for this person?

If 'yes', please send evidence of this.

If 'no' then, although we will register the application, we will be unable to take any further action until you have the legal authority to make decisions on their behalf.

d) Persons otherwise acting as the applicant's representative

DX number (this is a solicitor's legal postal address):

Claims management regulation number (if relevant):

Reference number we should quote in correspondence:

Please tick this box to confirm that you have explained to the applicant that they are responsible for paying any fee you may charge:

Section 12: Please tick the relevant boxes to show what documents you have enclosed

Please send photocopies of any documents.

	Enclosed	Not applicable
Current and previous passport (valid at the time of the incident).	<input type="checkbox"/>	
Evidence of residence in the UK for three or more years prior to the incident.	<input type="checkbox"/>	
Evidence that you were present when the incident took place.	<input type="checkbox"/>	
Any relevant medical evidence, such as a discharge note from the treating hospital's Accident and Emergency department.	<input type="checkbox"/>	
Full birth certificate of anyone under 18.	<input type="checkbox"/>	<input type="checkbox"/>
Evidence that an applicant under 18 is in the care of a local authority.	<input type="checkbox"/>	<input type="checkbox"/>
Evidence that you have legal responsibility for an applicant over 18 who is legally incapable of managing their own affairs.	<input type="checkbox"/>	<input type="checkbox"/>
Other (please give details of what you are providing).		

Section 13: Additional information

Please tell us anything else that you think we need to know (below).
Please continue on a separate sheet if necessary.

Question number	Additional information

Section 14: Consent form

Please sign the following authorisation and return it with supporting documents to us at the address given on the front of this application.

I have read and agree with the following statements:

1. The information I have given CICA is true. I understand that if I knowingly give information that is incorrect, I may be liable to prosecution or other action.
2. I understand that CICA may refuse my application if I provide misleading information about my ability to pay for a medical report.
3. CICA has my permission to carry out a convictions check on me and, in fatal injury applications, the deceased.
4. I agree to notify CICA or, if appropriate, the First tier Tribunal (Criminal Injuries Compensation) of any changes to the information I have provided or will provide.

5. I consent to CICA providing HM Revenue & Customs (HMRC) with information I have provided in this form and to HMRC providing CICA with all details of my taxable earned income (including its source) and my National Insurance contributions to date. Only the minimum information needed by CICA to assess my application will be shared.
6. I consent to CICA contacting any of the people or organisations listed below and obtaining information from them in order to process my claim or to verify any of the information I have provided. CICA may also tell the people and organisations listed below that I have made this application and tell them of the decision in my case where appropriate:
 - Police authorities in any country I may have lived as an adult;
 - ACPO Criminal Records Office (ACRO);
 - Foreign, Commonwealth and Development Office;
 - Medical authorities and practitioners (including police doctors and surgeons) with information relevant to my case;
 - Department for Work and Pensions;
 - HM Revenue & Customs;
 - Any other person or organisation with information relevant to this application;
 - The representative named by me (if any).
7. If I appoint a solicitor to represent me and then decide that I no longer wish to use their services, I will advise CICA in writing. I agree that if any award of compensation is made in circumstances where there is a dispute between me and my former solicitors about their interest in that award due to outstanding legal fees, CICA may keep the amount in dispute until the matter has been resolved.
8. I understand that CICA may reduce or refuse my application if I do not reply to correspondence or inform CICA of my current address.

If the injured person is 12 years or older they must sign this form at a) below. If you are filling in this form for someone under 18 or for someone who, even with assistance, lacks the capacity to understand it or make a decision on it, you should sign at b) below. Please note that for security purposes, CICA will not accept a digital signature.

a) Injured person (aged 12 or over) b) Parent, guardian or authorised person

Sign

Sign

Print

Print

Date

Date