

Help using this Veterans UK PDF form

About this form

- You can save data typed into this PDF form if you use the latest version of **Adobe Acrobat Reader**
- To download the latest version of Adobe Acrobat Reader free of charge go to the Adobe website
- This means that you do not have to complete this form in one session

Helpful information for using this form

- Save the form to your computer
- After completion print the form
- Sign the form in black pen
- Post the form using the address given

The form will not save in

- older versions of Adobe Acrobat Reader
- other pdf readers, for example Preview on a Mac or Foxit on a PC.

Feedback

- We would like your feedback about this form. We will only use any comments to improve future versions
- Please email your comments to: DBS-OPPT@mod.gov.uk
- **Please do not send this form or any personal information to this email address. It is for feedback comments only**

PLEASE NOTE YOU MUST SIGN THIS FORM USING A BLACK PEN. WE CANNOT ACCEPT THIS FORM VIA EMAIL

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Criminal Injuries Compensation (Overseas)(CICO) application form

The CICO Scheme is an evidence based scheme and the decisions are made using the balance of probabilities burden of proof. This means that the Claims Officer needs to be satisfied that it is more likely than not that a violent crime was responsible for the injury, and more likely than not that the claimant was blameless in the incident.

This application will not normally be processed until any disciplinary or other action arising out of the incident has been completed and confirmed.

Where the victim is a member of HM Forces complete all sections **except** parts **2, 7 & 8**.

Where the victim is a dependant of the member of HM Forces complete all sections.

Part 1: Details of the member of HM Forces

Full name

Service number

Rank

Correspondence address

Postcode

E-mail address

Part 2: Details of victim if a dependant of the member of HM Forces

Full name

Correspondence address

Postcode

Part 2: Details of victim if a dependant of the member of HM Forces (continued)

Date of birth

Relationship to member of HM Forces

E-mail address

Occupation at time of incident

Part 3: Details of the incident

Date of incident

Time

Location of incident

Name of the offender(s) if known

Give a full account of the incident in your own words
(continue on a separate sheet if necessary)

Part 4: Details of the report to the police

Was the incident reported to the police? No Yes **Was it?** Civil or Military

Date reported

By

State where reported
(Full address of police station and
Investigating officer)

If **not** reported give reasons

Part 5: Injury details

Nature of the injury

Details of any hospital treatment
(Full address of hospital, name of doctor in
charge of the case and length of stay)

Details of any outpatient treatment
(Full address of hospital & name of doctor
in charge of the case)

Details of any treatment by a GP or Service
doctor

Details of any dental treatment

If there is cosmetic disfigurement, photographic evidence will be necessary, enclose any you may have with this form.

Part 6: Details of out of pocket expenses

| Item | Value |
|--|-------|
| Travel expenses | £ |
| Physical aids (spectacles, dentures etc) | £ |
| Other expenses (damage to clothing is excluded) | £ |
| | £ |
| | £ |

Part 7: Details of any Social Security benefit received

National Insurance number

Social Security office

Benefits received

Part 8: Pensions/gratuities from victim's employer

Give details of any benefits received

Part 9: Details of loss of earnings

Were any earnings lost as a result of the incident?

No

Please go to **Part 10**

Yes

Please give details below
(including name & address of employer)

Part 12 Declaration (continued):

In order to process your application

- the MOD and
- any doctor advising the MOD and

Any organisation contracted to provide medical services to the MOD and any doctor providing Services to that organisation

maybe required to contact

- any doctor who has provided treatment and
- any hospital or similar place and
- anyone else who has provided treatment (such as a physiotherapist)

for copies of all medical records (including those in sealed envelopes) and any other information required to consider my claim, or any subsequent reconsideration, review or appeal, under the AFCS, SPO or any other schemes administered by Veterans UK.

And the MOD may

disclose medical records, and any information about my claim, or any subsequent reconsideration, review or appeal, under the AFCS, SPO or any other schemes administered by Veterans UK, to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner or consultant asked by the MOD to provide specialist advice. I also agree that the MOD may send copies of medical information obtained for the purposes of my claim, or any subsequent reconsideration, review or appeal, under the AFCS, the SPO or any other schemes administered by Veterans UK to my General Practitioner. I understand that the information will be retained by the MOD, either as a written record, or on a secure database, and may be used in future if it is necessary to reconsider or review my claim and any award made.

I agree

- to refund any sum paid in respect of this claim in the event that an overpayment is made for any reason.

Consent for email correspondence

Veterans UK is happy to conduct correspondence with customers via a nominated email address if that is their preference. There are some types of personal information we would not be able to include in an email correspondence, which are listed below:

- I authorise Veterans UK of the MOD to use email whenever possible in its correspondence with me via my nominated email address shown on the front of this claim form. I accept that the information may include my personal details excluding bank account numbers, National Insurance number, medical details and any other information that could compromise my identity.
- I understand that correspondence transmitted by email may be open to abuse because it is transmitting over an unsecured network. I accept that the MOD will not be liable for any loss, interception or unauthorised use of information transmitted this way. I am content for Veterans UK to correspond with me from the email address shown at the front of this claim form.

Do you wish to correspond via email?

No

Yes

Applicant's signature

Date

Signature if signing on behalf of applicant

Address

Relationship to applicant

Date

When completed please send this form to:

Veterans UK
Norcross
Thornton-Cleveleys
FY5 3WP
England

Telephone: Veterans (UK only) Helpline 0808 1914 2 18
Textphone Freeline (UK only): 0800 169 3458
Overseas Helpline: +44 1253 866043

Email: veterans-uk@mod.gov.uk

Website: www.gov.uk/veterans-uk

Part 13: Certificate and remarks by the applicant's Commanding Officer

Is, to the best of your knowledge, the applicant's statement complete and correct? No
Yes

If no, what additions/alterations are required?

If the incident has not been reported to the local police, why not?

Have you any additional information concerning this case of which you think the MoD should be aware, e.g. disciplinary action taken or pending, possible provocation, etc? If you dealt with those concerned summarily, a report of your findings should be provided, together with your reasons for proposing that the offence be regarded as criminal.

Details of any disciplinary record

If the incident involved a fight with local civilians, or took place in a bar or district where trouble is commonplace, is any action proposed to place the premises or area out of bounds? If not, why not?

If you are aware that the applicant had consumed alcohol prior to the incident, please provide a complete pen picture of their general character. In the event of any adverse comments about the applicant, it is essential that your reasons are given in full.

Signature of Commanding Officer

Date