

# Help using this Veterans UK PDF form

## About this form

- **You must download and save this form to your computer before using it**
- 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 or Foxit on a PC

**We have been made aware of issues when using Apple products such as Iphones and I pads to complete this form.**

**You may be unable to save or re-open it due to updates to Apple products since this form was created.**

**Work is being undertaken to transform our forms and systems but until this is complete, we ask that you find an alternative device, if possible, or print the form and complete it by hand.**

## Feedback

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

**PLEASE NOTE YOU MUST SIGN THIS FORM USING A BLACK PEN.**

**WE CANNOT ACCEPT THIS FORM BY EMAIL**

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# Ministry of Defence

## **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.

Any applications should be submitted as soon as reasonably practicable after the claimed incident, and in any event within two years after the date of the incident. Exceptional circumstances will be considered.

### **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 10: Compensation received/claimed under local scheme

Has a claim been made under a local scheme for compensation for the incident?

No

Yes

If not give reasons (e.g. no scheme exists or does not cover incident)

If yes give details of any award made

## Part 11: How the MOD collects and uses personal information

The Ministry of Defence (MOD) is committed to protecting the privacy and security of your personal data and the [MOD Privacy notice](#) explains your rights and provides information that you are entitled to under UK data protection legislation. It is important that you read this notice, together with any other privacy notice that may be provided when we collect or process personal information about you so that you are aware of how and why we are using such information. The [MOD Personal information charter](#) contains the standards you can expect when we ask for, hold, or share your personal information and your rights under the law.

## Part 12: Declaration

I confirm that the information I have given is accurate and complete to the best of my knowledge and belief.

I understand that the information and personal data I have provided on this form, and any information and personal data I provide subsequently may be:

- used by the MOD in connection with my claim, or any subsequent reconsideration, review or appeal, under the AFCS or the Service Pensions Order (SPO) or any other schemes administered by Veterans UK.
- passed to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner asked by the MOD to provide specialist advice.
- passed to the Department of Work and Pensions.
- used by the MOD and its agents in connection with all matters relating to this or future claims, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or other schemes administered by Veterans UK, and other claims against the MOD, and by other Government Departments, which have a legitimate interest in this information for example, for the prevention and detection of crime.

### I understand

I must immediately tell the MOD of anything that may affect my entitlement to, or the amount of, an award under the AFCS, a war pension, a supplementary allowance or any survivors' benefits paid under the SPO, or an award paid under any other scheme administered by Veterans UK, including any changes of address.

If I knowingly give false information, I may be liable to prosecution.

**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  
Overseas Helpline: +44 1253 866043

Email: [veterans-uk@mod.gov.uk](mailto:veterans-uk@mod.gov.uk)  
Website: [www.gov.uk/veterans-uk](http://www.gov.uk/veterans-uk)