



Industrial Injuries Disablement Benefit for occupational asthma or allergic rhinitis

We have many ways we can communicate with you

If you would like braille, British Sign Language, a hearing loop, translations, large print, audio or something else please call us on **0800 169 0310** or textphone **0800 169 0314** and tell us which you need.

If you live in Wales and want this form in Welsh call **0800 328 1744**.

Calls to 0800 numbers are free from personal mobiles and landlines.

Treating people fairly

We are committed to the Equality Act 2010 and treating people fairly. To find out more about this law, search 'Equality' on www.gov.uk

About this form

If you are claiming Industrial Injuries Disablement Benefit for:

- occupational asthma (Prescribed Diseases **D7**), or
- allergic rhinitis (Prescribed Diseases **D4**).

Please fill in this form and send with a completed **BI100PD** claim form to Barnsley Industrial Injuries Disablement Benefit Centre:

Barnsley IIDB Centre
Mail Handling Site A
Wolverhampton, WV98 1SY

Remember, if you need help filling in this form, or any part of it, phone **0800 121 8379**.

About you

01 First name

02 Last name

03 National Insurance (NI) number

04 Are you claiming for:

Occupational asthma (prescribed disease D7), or
Allergic rhinitis (prescribed disease D4)

About your employment or your approved training scheme or course

05 In any of the jobs or training schemes you have told us about on form BI100PD, were you exposed to any of the following?

a: isocyanates

No

Yes

Who was your employer or training provider at the date of exposure

b: platinum salts

No

Yes

Who was your employer or training provider at the date of exposure

c: fumes or dusts arising from the manufacture, transport or use of hardening agents (including epoxy resin curing agents) based on phthalic anhydride, tetrachlorophthalic anhydride, trimellitic anhydride or triethylenetetramine

No

Yes

Who was your employer or training provider at the date of exposure

d: fumes arising from the use of rosin as a soldering flux

No

Yes

Who was your employer or training provider at the date of exposure

e: proteolytic enzymes

No

Yes

Who was your employer or training provider at the date of exposure

f: animals including insects and other arthropods used for the purposes of research, or education or in laboratories.

Note – this is different from **question o** on **page 4**

No

Yes

Who was your employer or training provider at the date of exposure

g: dusts arising from the sowing, cultivation, harvesting, drying, handling, milling, transport or storage of barley, oats, rye, wheat or maize. Or the handling, milling, transport or storage of meal or flour made there.

No

Yes

Who was your employer or training provider at the date of exposure

h: antibiotics

No

Yes

Who was your employer or training provider at the date of exposure

i: cimetidine

No

Yes

Who was your employer or training provider at the date of exposure

j: wood dust

No

Yes

Who was your employer or training provider at the date of exposure

k: ispaghula

No

Yes

Who was your employer or training provider at the date of exposure

l: castor bean dust

No

Yes

Who was your employer or training provider at the date of exposure

m: ipecacuanha

No

Yes

Who was your employer or training provider at the date of exposure

n: azodicarbonamide

No

Yes

Who was your employer or training provider at the date of exposure

o: animals including insects and other arthropods or their larval forms, used for the purposes of pest control or fruit cultivation. or the larval forms of animals used for the purposes of research, education or in laboratories.

Note – this is different from **question f** on **page 2**

No

Yes

Who was your employer or training provider at the date of exposure

p: glutaraldehyde

No

Yes

Who was your employer or training provider at the date of exposure

q: persulphate salts or henna

No

Yes

Who was your employer or training provider at the date of exposure

r: crustaceans or fish, or products arising from these in the food processing industry

No

Yes

Who was your employer or training provider at the date of exposure

s: reactive dyes

No

Yes

Who was your employer or training provider at the date of exposure

t: soya bean

No

Yes

Who was your employer or training provider at the date of exposure

u: tea dust

No

Yes

Who was your employer or training provider at the date of exposure

v: green coffee bean dust

No

Yes

Who was your employer or training provider at the date of exposure

w: fumes from stainless steel welding

No

Yes

Who was your employer or training provider at the date of exposure

wa: products made with natural rubber latex

No

Yes

Who was your employer or training provider at the date of exposure

x: any other sensitising agent

This is only relevant for those claiming for D7 Asthma

No

Yes

Tell us the name of the sensitising agent

Who was your employer or training provider at the date of exposure

06 Do you think your asthma or allergic rhinitis was caused by any other substance you were exposed to at work or whilst on an approved training scheme?

No

Yes - please tell us about this

What was the substance?

Please be as precise as possible.

General terms such as smoke, fumes or dust will not be good enough

Who was your employer or training provider at the date of exposure?

Declaration

To make sure you get the benefit you are entitled to, it is important that the information you provide is correct and complete. You will be asked to sign this form to declare the answers you have given are correct.

- **I declare** I understand Industrial Injuries Disablement Benefit Notes, and that the information provided on this claim form is correct and complete.
- I understand that I must report all changes in my circumstances which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty.
- I will phone or write to the office that pays my benefit to report a change of circumstances.
- I understand if I give false or incomplete information or fail to report changes in my circumstances promptly, my Industrial Injuries Disablement Benefit may be stopped or reduced and any overpayment of Industrial Injuries Disablement Benefit may be recovered. In addition I may be prosecuted or face a financial penalty.

This is part of my claim for Industrial Injuries Disablement Benefit.

Signature

Date

DD/MM/YYYY

How DWP collects and uses information

When we collect information about you we may use it for any of our purposes. These include:

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy and
- retirement planning.

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services. We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please search for 'DWP Personal Information Charter' on [**www.gov.uk/dwp/personal-information-charter**](https://www.gov.uk/dwp/personal-information-charter)