

**Disclaimer:** This is not an official CICA form. It is a sample document designed to provide an idea of the information required

## **CICA Application Form**

### **Section 1 – Your Personal Information**

Title:  Miss  Mr.  Mrs.  Other: \_\_\_\_\_

Full Name:

Other Names Used (if any):

Address:

Postcode: \_\_\_\_\_

Date of Birth:

Place of Birth:

Gender:  Male  Female  Other: \_\_\_\_\_

Contact Information:

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Contact Method:  Contact Me Directly  Contact My Representative

### **Section 2 – Time Limits for Claim Form**

Application Timing:  Applied within 2 years (Go to Section 3)  Applied after 2 years:

Under 20 years old (Go to Section 3)

Over 20: Provide reasons for delay:

Contact with Authorities:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Reference Number: \_\_\_\_\_

Dates: \_\_\_\_\_

### **Section 3 – Nationality**

Nationality:  British  EU  EEA  Other: \_\_\_\_\_

Evidence Provided:  Passport  Birth Certificate  Marriage Certificate  Other:  
\_\_\_\_\_

UK Armed Forces:  Yes  No If Yes, provide proof: \_\_\_\_\_

### **Section 4 – Residence**

Ordinary Residence in the UK:  Yes (Provide address history for the last 3 years):

No

Documentary Evidence:  Bank Statements  Utility Bills  Council Tax Letters  Other:  
\_\_\_\_\_

Crown Servants or Armed Forces:  Yes  No If Yes, provide proof: \_\_\_\_\_

### **Section 5 – Your Injuries**

List of Injuries:

Work Capacity:  Seriously Impaired  Not Impaired

### **Section 6 – Medical Details**

A&E Attendances:

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_

GP Information:

GP Name: \_\_\_\_\_

Address: \_\_\_\_\_

First Visit Date: \_\_\_\_\_

Other Treatment Providers:

### **Section 7 – Previous Appeals**

Have you claimed before?:  Yes (Reference Number: \_\_\_\_\_ )  No

### **Section 8 – Payments or Compensation from Other Sources**

Other Claims Made:

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_

Amount Received/Expected: \_\_\_\_\_

### **Section 9 – Unspent Criminal Convictions**

Do you have any unspent convictions?:  Yes (Provide details: \_\_\_\_\_ )  No

### **Section 10 – Representative Details (if applicable)**

Representative Name:

Address:

Contact Details:

### **Section 11 – Declaration**

Review Your Application:  I confirm all sections are complete.  I have attached all supporting evidence.

Signature:

Date: