

## APPLICATION FORM

### CARERS' LOSS OF EARNINGS CAUSING PARTICULAR HARDSHIP (CLAUSE 5.4)

1. Has the claimant been previously Resolved by the Trustees as a Qualifier or Non-Qualifying Carer?

No. Please provide details as to how the Claimant qualifies under the scheme.

Yes – Qualifier.

Yes – Non-Qualifying Carer.

2. Confirmation of Dates.

The date of death was [            ].

If a claim has been made under Clause 4.3.2 for particular emotional or financial hardship as a result of a psychiatric injury, the date of onset of psychiatric injury was [            ].

If payments have been made, please confirm under which heading:

£5,000 under Clause 4.3.1

Particular Emotional Hardship; amount [            ] under Clause 4.3.2

Particular Financial Hardship; amount [            ] under Clause 4.3.2

3. If the period of care has been previously accepted by the Trustees, this was from [            ] to [            ].

4. The period of loss of earnings claimed is from [            ] to [            ], ie. [consistent with the period of care/not consistent with the period of care].

5. Payments for care under clause 5.3..

Has the claimant received payment under clause 5.3? Yes/No

If so, the claimant received payment under clause 5.3 as follows:

- a) [£ ] - purchased care
- b) [£ ] - gratuitous care
- c) [£ ] - travel and other travelling expenses, including hotel accommodation
- d) [£ ] - any other expenditure incurred solely or predominantly for caring for or alleviating the suffering of the victim (limit £2,500).

TOTAL: £ \_\_\_\_\_

NB: If payments in respect of c) and/or d) above have been made “to whoever incurred the expense” please adopt a broad brush approach to this figure by dividing the payment by the total number of claimants, unless to do so would not be appropriate, for example where a Claimant received compensation for air fares or an amount that was considerably higher than other Claimants.

6. Loss of Earnings.

Provide details of loss of earnings, including name of employer, net income prior to the period of care, net income during the period of care and details of the net loss. If the Claimant has been in receipt of state benefits, please provide details.

The documentary evidence in support of the claim is as follows:

Letter from employer

Letter from accountant/Inland Revenue

Other – [please add details]

7. Details of Particular Hardship.

There is no definition of particular hardship in the Trust Deed.

Please explain why the Claimant believes he/she has suffered Particular Hardship:

8. Calculation

[ ] - Net loss of earnings from [ ] to [ ].

[ ] - Less payments made under 5.3. This Trust Deed requires deduction from the loss of earnings of all payments made to the Claimant under Clause 5.3(a)(d) of the Trust Deed. This figure is the total of the sums provided in section 5 above. \_\_\_\_\_

TOTAL: \_\_\_\_\_