<u>GMB YORKSHIRE AND NORTH DERBYSHIRE REGION</u> <u>ASBESTOS WITNESS ARCHIVE</u> <u>EXPOSURE QUESTIONNAIRE</u>

Please complete this form and return it to: GMB, Grove Hall, 60 College Grove Road, Wakefield, WF1 3RN

| Full name | |
|-------------------|--|
| Home address | |
| | |
| | |
| | |
| | |
| | |
| | |
| Home telephone | |
| | |
| Mobile telephone | |
| E-mail address | |
| Date of birth | |
| GMB Membership No | |

| Are you a current member of the GMB? | Please tick | yes | |
|--------------------------------------|-------------|-----|--|
| | | No | |

1. Please list below where and when you were exposed to asbestos dust and fibres. In the event that your employer may have been known by different names, please provide any known alternatives. Please provide any additional information on a separate sheet of paper.

| NAME OF EMPLOYER (and address if available) | OCCUPATION | ESTIMATED DATES OF EMPLOYMENT |
|--|------------|----------------------------------|
| | | |
| | | |
| | | |

2. For each Employer that exposed you to asbestos listed above, please provide as detailed a description as possible of the activities that led you to being exposed to asbestos dust and fibres.

| EMPLOYER | DESCRIPTION OF ACTIVITY WHERE EXPOSURE TOOK PLACE |
|----------|--|
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3. Please give the names and addresses of any workmates who may be able to confirm the circumstances of exposure to asbestos in the workplace.

| NAME | ADDRESS | WHERE WORKED |
|------|---------|--------------|
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| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |

4. Have you ever been told that you may be suffering from any asbestos related disease yourself?

| yes | |
|-----|--|
| No | |

If yes have you been told which of the following you are suffering from

Please tick

| Mesothelioma |
|--|
| Asbestosis |
| Asbestos related Lung cancer |
| Pleural Thickening |
| Pleural Plaques (nb – since October 2007 no longer compensatable) |
| When were you diagnosed? |
| Have you ever applied to the DWP for benefit for asbestos related disease? |
| Please tick Yes |
| No 🗖 |

If yes, when did you claim?.....

If you have ever previously obtained legal advice in connection with your asbestos exposure please give contact details below.

| Name: | |
|-----------------------|--|
| Address: | |
| | |
| Reference (if known): | |

I confirm the content of this statement is true. I also confirm that I consent to this information being stored on a database and shared with others including other law firms instructed by the Union. The use of this data will be solely for the purpose of assisting personal injury claims on behalf of you or others who have been exposed to asbestos.

If you require legal assistance as a result of your asbestos exposure or any other injury you should contact your GMB office at Grove Hall, 60 College Grove Road, Wakefield, WF1 3RN or phone 0845 337 7777.

Signed Date