**APPLICATION FOR COMPENSATION FOR LOSS OF TIME**

1. This application form relates to those who wish to claim for loss of earnings as a result of their attendance at the Inquiry. You should complete this form if you wish to apply for compensation for loss of time as a result of your attendance at the Inquiry and you:

(i)(a) have attended or are attending the Inquiry at the request of the Chairman to give evidence or to produce any document or other thing; or

 (b) have been informed by the Chairman that you have such a particular interest in the Inquiry or its outcome that your attendance at the Inquiry is justified other than to give evidence or to produce any document or other thing; and

(ii) have been or will be absent from your employment as a result of your attendance at the Inquiry; and

(iii) are either:

 (a) self-employed and have lost income as a result of your attendance at the Inquiry; or

 (b) an employee who has lost earnings as a result of your attendance at the Inquiry but will not be compensated by your employer or, where your attendance was in the context of your former employment and you will not be compensated by your current or former employer.

2. When completing this form you should refer to the Inquiry Procedure Direction No 4 – Award of Compensation for Loss of Time and to the Notes for Applicants at the end of this form.

3. A hard copy of this form can be obtained from the Secretary to the Inquiry upon request.

4. If you have any questions concerning the form please contact the Secretary to the Inquiry.

**Completed forms should be returned to:**

By email: evidence@edinburghtraminquiry.org

**PART 1: PERSONAL DETAILS**

Title

First name

Surname

Address

(including postcode)

Telephone Numbers

Daytime

Evening

Mobile

e-mail address

(if available)

**PART 2: DETAILS OF LOSS OF TIME INCURRED**

|  |  |
| --- | --- |
| Date of the loss:  |  |

|  |
| --- |
| **2.1** What was the nature of the loss incurred?(e.g. deduction from wages/salary; loss of self-employed earnings) |
| **Your text**: |

|  |
| --- |
| **2.2** Please describe what you were required to do in connection with the Inquiry which caused the loss? Please include any Inquiry reference number you have.  |
| **Your text:** |

Amount of compensation claimed

**PART 3: DEDUCTION FROM WAGES/SALARY**

**Please remember to enclose proof of the loss - a letter of confirmation from your employer**

Employer’s Name

Employer’s Address

Contact person at employer

(who can verify your claim

if required)

Telephone No for contact person

Amount deducted from wages/salary

Have you enclosed proof of this deduction? **YES / NO**

|  |
| --- |
| If **NO** please explain why not. |
| Your text: |

**PART 4: LOSS OF SELF-EMPLOYED EARNINGS**

**Please remember to enclose proof of the loss**

How much earnings did you lose?

How did you calculate the value of the loss?

|  |
| --- |
| Calculations:  |

Have you enclosed proof of your loss? **YES / NO**

|  |
| --- |
| If **NO** please explain why not. |
| Your text: |

**PART 5: YOUR BANK DETAILS**

Name of Bank

Address of Bank

Account Number

Name of Account Holder

Sort code

**PART 6: DECLARATION**

I certify that the information given in this application form is, to the best of my knowledge and belief, true and correct.

Signature

Date

**NOTES FOR APPLICANTS**

**Parts 2 – 4 : Loss of Earnings**

1. If an award is made you will be paid your gross loss of income (subject to an overall daily maximum of £400). Please note that any tax liability arising out of payment for loss of earnings/income lies with you (and your employer where you are in employment).

**Part 5: Your Bank Details**

2. Payment will generally be made by Bankers’ Automated Clearing System (BACS) transfer.

3. Queries relating to the processing of payments should be directed to the Inquiry Secretary, e-mail: evidence@edinburghtraminquiry.org

**Part 6: Declaration**

4. Your signature will be treated as confirmation that all the information contained in your application form is correct, to the best of your knowledge.

5. The deliberate submission of a false claim is a criminal offence.