

Staffordshire Police Federation

Offensive weapons assault claim form



Please complete this form (your partner or another responsible person may complete it on your behalf if you are unable to do so yourself) and return it to this office:

**Staffordshire Police Federation, Hearn Court, Rising Brook,
Stafford ST17 9QN**

A claim may be submitted if you sustain accidental bodily injury in the course of duty, directly caused by the discharge of a firearm, crossbow, shotgun, or stabbing with a sharp instrument, and the injury sustained prevents you from continuing in your pre-assault duties for the 7 consecutive days on which you were due to work immediately following the assault. **Only one benefit will be paid for any one assault.**

PLEASE COMPLETE IN BLOCK CAPITALS

Title..... First Name..... Surname.....

Date of birth..... Collar no.....

Home address.....

.....Postcode.....

Telephone no.....Email.....

Date and place of assault.....

Approx. time.....

Please give details of injuries sustained.....

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(Continue overleaf if necessary)

Please note: If you were admitted to hospital as a result of your injuries you may also be entitled to claim hospital benefit. If this is the case, a hospital benefit claim form should be completed.

I certify that I am a subscribing member of the scheme and to the best of my knowledge the above statements are true and without reservation.

I confirm that as a result of the above incident I was absent from duty

From:

Until:.....

Signature.....Date.....

Benefit claimed (tick box): Firearm assault £1,500

Stabbing assault £750

Please complete the section overleaf to enable your benefit payment to be made to your bank account.

To be completed by the Federation office

The above named person is a member of the scheme and the details given are correct.

Signed..... For the JBB Secretary

Benefit payments are normally made to your bank account.

Please complete the following:

Bank name and address.....

Account name:

Branch sort code:/...../.....

Account number:

Please note: if this section has not been completed your benefit payment will be made to you by cheque.

Please return this form to the Federation office.

For office use only:

Name:	Claim number:
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