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For this application to be deemed complete by the Injuries Resolution Board, it must include the following:

- All mandatory fields marked with an * must be completed
- Claimant Declaration as set out in Section 12 must be signed by the claimant
- The application form must be accompanied by a medical report which has been prepared by a medical practitioner and sets out the personal injuries allegedly sustained by the claimant in the accident or incident detailed in this application.
- Payment of IRB's processing fee of £90

Guidance notes to support with the completion of this form are available at the forms and guides section of our [website](https://www.injuriesresolutionboard.co.uk).

Section 1: Claimant Details – Injured Party

Name	<input type="text"/>		
Home Address	<input type="text"/>		
Email	<input type="text"/>	*Mobile Number*	<input type="text"/>
Landline Number	<input type="text"/>	Don't have a contact phone number	<input type="checkbox"/>
Email Address	<input type="text"/>		
Occupation	<input type="text"/>		
Gender	<input type="radio"/> Male	<input type="radio"/> Female	
Date of Birth	<input type="text"/>	*NHS Number**	<input type="text"/>

* This should be consistent with Personal Public Service Number (PPSN) record

** In cases where a PPSN has not been issued (or you prefer to use of identification will be accepted, Please include a valid Driving License, or valid Passport and a valid National Identity Card

Injuries Board Application Form

Terry C. Jones

A red circular graphic with a gradient, appearing as a semi-circle or a partial circle, located to the right of the name bar.

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