

Personal details

Name of person covered	Plan number (if known)
Date of birth / /	Date of application / / (if applicable)

Does your job involve the manual aspects of mining or tunnelling?

No
You do not need to fill in this questionnaire but please sign it and send it back to us.

Yes
Please tell us which your job involves

mining please fill in Section 1 of this form and then sign the declaration

tunnelling please fill in Section 2 of this form and then sign the declaration

mining and tunnelling please fill in the whole form

Section 1 – Mining

What type of mining are you involved in?

coal

potash, rock salt, gypsum, tin

clay and stone

Are you involved in open cast mining?

No

Yes

What percentage of your mining duties are of a manual or physical nature?

Have you had any accidents associated with your job?

No

Yes (please give details)

Have you ever had any treatment for any respiratory complaint?

No

Yes (please give details)

Mining and tunnelling questionnaire

Section 2 – Tunnelling

Do you use compressed air or explosives?

- No
 Yes (please give details)

What percentage of your tunnelling duties are of a manual or physical nature?

Have you had any accidents or illnesses associated with your job, including respiratory complaints?

- No
 Yes (please give details)

What is your occupation?

- | | |
|------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> borer | <input type="checkbox"/> roof bolter |
| <input type="checkbox"/> conveyor operator | <input type="checkbox"/> shot firer |
| <input type="checkbox"/> driller | <input type="checkbox"/> timber man |
| <input type="checkbox"/> foreman below ground | <input type="checkbox"/> tunnel miner |
| <input type="checkbox"/> manhole maker | <input type="checkbox"/> other (please give details) |
| <input type="checkbox"/> power loader operator | |

Declaration

I declare that:

- the answers above are true to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that:

- this questionnaire will form part of the application to Bright Grey
- the contract may be invalidated if I do not disclose any important information that is known to me.

Signature

Date

Please return this form to:

Bright Grey, 2 Queen Street, Edinburgh, EH2 1BG