



ASBESTOS EXPOSURE REGISTRATION FORM

This form should be completed if you believe you may have/have been exposed to asbestos [in Victoria](#). The information will be added to Slater & Gordon's extensive private database. Should you wish to claim compensation in the future due to an asbestos related disease this information may assist in making your claim more straight forward.

1. Name _____
Address _____
Telephone (home) _____ (work) _____
(mobile) _____
Date of birth: _____

2. **Where were you exposed to Asbestos?**
 Work Home Other

3. **Please give details of your exposure, for example, at work, the employer's name and your job etc. (or if exposure not known – work history):**
Employer: _____
Address: _____
Employment dates: _____
Date(s) exposed: _____
Job Title: _____
Description/asbestos products/area: _____

4. **Have you been diagnosed with any Asbestos related disease?**

Yes No

If so, what have you been diagnosed with?

Mesothelioma Asbestosis Lung Cancer
 Pleural Plaques Other

When: _____ By Whom: _____

5. **We may call you to clarify your information or to assist in identification of the whereabouts of asbestos. Do you agree to us contacting you?**

Yes No

Please complete the above form and return to:

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