

**COMPENSATION FOR LOSS OF EARNINGS  
PUBLIC HEALTH (SCOTLAND) ACT ETC 2008, SECTION 57**

**Part 1: To be completed by person affected by the order (Claimant)**

Name of the person under order .....

Name of Claimant if different from above .....

Address .....

Contact telephone.....

Email.....

Claimant's Bank Account Number.....

Sort Code:.....

Name of Employer (if employed).....

Employment address.....

.....Post Code: .....

Telephone Number of Employer (if employed) .....

Date(s) when loss of earnings occurred .....

**Part 2: To be completed by employer (if applicable)**

Has employee received statutory sick pay? Yes  No

Is the employee eligible for company sick pay? Yes  No

Has the employee received company sick pay? Yes  No

Amount of sick pay received .....

Amount of Loss of Earnings (Net Pay minus the Sick Pay received).....

Name (print) ..... Signature.....

Position in Company..... Date .....

**Please turn over.....**

**Part 3: To be completed by self-employed only**

Nature of employment .....

Daily income (attach evidence).....

Total amount of loss of earnings .....

Name of Claimant (print).....

Signature .....

Date .....

**Please return this form to Health Protection Team, along with evidence of amount of statutory sick pay received and actual loss of earnings to:**

Health Protection Team  
NHS Lothian Public Health & Health Policy  
Waverley Gate  
2-4 Waterloo Place  
Edinburgh  
EH1 3EG

**For example:**

**If you are paid weekly, copies of 12 most recent salary slips should be provided.**

**If you are paid monthly, copies of 3 most recent salary slips should be provided.**

**If you have to pay nursery/childcare fees, and your child has been excluded from attending please provide copies evidence from the nursery/childcare or a letter from the nursery/childcare explaining their fee structure.**

**Notes:**

**No claims will be processed without appropriate evidence.**

**Only claims received within three months from the date of the order will be processed.**

Section 57 applies to persons subject to exclusion, restriction and quarantine orders and/or carers who suffer financial loss when providing care to the persons affected by the orders.

Any dispute as to a person's entitlement to compensation under this section or the amount of compensation is to be determined by a single arbiter appointed by agreement between NHS Lothian and the person claiming loss or if such agreement cannot be reached, by an arbiter appointed by the sheriff.