

**Preliminary Hearing Expenses Application Form**

This form is for people who want to reclaim their travel expenses to and/ or from the preliminary hearing of the Eljamel Inquiry on 10th September 2025.

When filling out the form, please use the [Factsheet – Preliminary Hearing Travel Expenses](https://www.eljamelinquiry.scot/key-documents/preliminary-hearing-expenses-factsheet) as a guide.

If you have been allocated a seat or seats at the preliminary hearing of the Eljamel Inquiry on 10th September 2025, the Chair has recognised the importance of you attending and wants to make sure that the cost of travel does not prevent you from being there on the day.

However, there are some legal limits on the powers of the Chair to pay your travel expenses. The purpose of this form is to make sure that we have the information we need to pay your travel expenses including taking into account your means.

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| **Section 1 - Your Contact Details** | | | |
| Preferred contact method | Phone | Email | Letter |
| ☐ | ☐ | ☐ |
| Full Name |  | | |
| Address |  | | |
| Email address |  | | |
| Telephone number |  | | |

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| **Section 2 – Your Bank Account Details – for payment of any covered expenses only** | |
| Bank/Building Society name |  |
| Bank/Building Society  address |  |
| Account name |  |
| Account number |  |
| Sort code |  |

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| **Section 3 – Why are you involved in the Inquiry** |
| Core Participant  Former patient of Mr Eljamel  Family member or supporter of a former patient of Mr Eljamel  Witness or potential witness  Former colleague of Mr Eljamel  Other (please give details below) |
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| **Section 4 – Expenses claimed** | | | | | |
| **Expense claimed**  Please include mode of transport for example – e.g. travel by rail or car. If you claim for more than one person or travel type, please use additional rows below | | **Description**  Please let us know relevant details such as where you were travelling to and from. | | **Total  Amount  Claimed** | **Receipt  Attached?** |
| *For example,  Return train travel* | | *For example,*  *Dundee to Edinburgh standard class* | |  | *Please tick* |
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| **TOTAL** | |  |  |  |

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| **Section 5 - Declaration** | |
| **I confirm that the information I have given in this claim form (and any other  documents I provide with it) is true and correct to the best of my belief and  knowledge.**  **I also confirm that I need support with expenses to prevent financial hardship as a  result of attending the Preliminary Hearing.** | |
| Signature |  |
| Date |  |

Claims for the reimbursement of travel costs should be supported by receipts.

If you are returning your expenses application form via email, please scan or photograph the receipts and attach them to your claim submission email. Please forward the completed expenses application form to [Expenses@eljamelinquiry.scot](mailto:Expenses@eljamelinquiry.scot)

If you are returning your expenses application form by post, please send the receipts and attach them to your expenses application form. Please forward the completed form to

Eljamel Public Inquiry – Expenses Support

2J North

Victoria Quay

Edinburgh

EH6 6QQ

If you have any queries, please contact the Support Team at [Expenses@eljamelinquiry.scot](mailto:Expenses@eljamelinquiry.scot) or at the postal address above.