



**RETROSPECTIVE INJURY ON DUTY CONSENT TO
RELEASE NON MEDICAL INFORMATION TO THE
POLICING BOARDS'S SELECTED MEDICAL
PRACTITIONERS**

I hereby give permission for the Police Service of Northern Ireland to release to the Northern Ireland Policing Board all relevant non-medical evidence relating to my application for a pension award in order that they can forward it to the Selected Medical Practitioners.

Please tick appropriate box

YES

NO

Name (block letters):	_____
Signed:	_____
Former Rank:	_____
Service No:	_____
Date:	_____

***All information should be returned to Northern Ireland Policing Board
Administration Branch, 4th Floor Waterside Tower, 31 Clarendon Road,
Belfast BT 1 3BG and will be treated in strict confidence***

Any information obtained as a result of this consent will only be used for the determination of your retrospective application and only disclosed to those involved in this process.

All personal information held by the NIPB is processed in accordance with the Data Protection Act 1988.