

PROTECT – MEDICAL



RA4

**RETROSPECTIVE INJURY ON DUTY – CONSENT TO
RELEASE MEDICAL AND NON MEDICAL INFORMATION
TO SELECTED MEDICAL PRACTITIONER**

I hereby give permission for the **POLICE SERVICE OF NORTHERN IRELAND LEGAL SERVICES BRANCH** to release to the Northern Ireland Policing Board all relevant medical and non-medical evidence relating to my application for an award in order that they can forward it to the Selected Medical Practitioners. Medical evidence will be placed in a sealed envelope addressed to the **SMP**.

Please tick the appropriate box

YES

NO

Name (block letters)	_____
Signed	_____
Former Rank	_____
Service Number	_____
Date	_____

***All information should be returned to Northern Ireland Policing Board
Administration Branch, 4th Floor, Waterside Tower, 31 Clarendon Road,
Belfast BT1 3BG and will be treated in strict confidence***

Any information collected on this form 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 1998.