

<p align="center"><b>PERCENTAGE DISABLEMENT REVIEW – CONSENT TO RELEASE NON MEDICAL INFORMATION TO CAPITA HEALTH SOLUTIONS</b></p>
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I hereby give permission for the Police Service of Northern Ireland to release to the Northern Ireland Policing Board all relevant non-medical evidence, that relates to my disablement review, so that they can forward it to the Selected Medical Practitioners, Capita Health Solutions.

Please tick appropriate box.

YES

NO

<b>Signed</b>	_____
<b>Former Rank</b>	_____
<b>Service Number</b>	_____
<b>Date</b>	_____

**All information should be returned to Northern Ireland Policing Board  
Administration Branch, Floor 4, Waterside Tower, 31 Clarendon Road, Belfast  
BT1 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 disablement review 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**