

REQUESTED PERCENTAGE DISABLEMENT REVIEW

Name _____ Former Force/Service Number _____

Former Rank _____ Last Posting _____
Please include branch and station

National Insurance Number _____

Force/Service: (Circle) RUC RUC Full-Time Reserve RUC Part-Time Reserve
 PSNI PSNI Full-Time Reserve PSNI Part-Time Reserve

Proof of Identity

In accordance with the Data Protection Act, to help establish your identity, you **must** submit a copy of one document from **each** of the following categories with your application:

(a) **Confirmation of name:**
 Full driving licence*; passport; birth certificate

(b) **Confirmation of address:**
 Full driving licence*; utility bill, bank or credit card statement; or other equivalent/similar official document – but it **must** show your name and address

*Complete copy of both parts of your full (**not provisional**) driving licence will be sufficient for both categories.

I am providing the following types of identification:

(a)		(b)	
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Q1. Please give the name and address of your GP or any other Doctors or Consultants who have treated you since you left the RUC/PSNI

You will need to ask your GP to write a short report confirming that your medical condition has deteriorated since you left the RUC/PSNI and that the deterioration is related to an injury or injuries sustained during your police service career.

Please attach the report to this form when you return it

Q2. Please describe (with dates and locations if possible) any additional incidents during your police career that you feel may have caused or contributed to your current illness that were not considered at the time of your medical retirement.

Please use the attached table at the back of this form (headed Appendix A) to list all your casual incidents. It would greatly assist the consideration of your case if you are able to provide evidence of your involvement in the incidents that you wish considered. This may include signed statements from any former colleagues who can verify your involvement in the incident or incidents described, police notebook/journal entries or newspaper cuttings. You should also send any other information that you consider relevant and would like to be considered in support of your application.

Q3. Have you been employed since you left the RUC/PSNI? YES NO

If YES please provide details of your most recent employment

Company Name and Address:

What position did you hold? _____

What date did you start work? _____

Please describe the type of duties you performed

What is your current annual salary? _____

CONFIRMATION OF EARNINGS REQUIRED (If you are working)

* You are required to supply a copy of your P60 for the last tax year _____

P60 Attached

* If you are self-employed you are required to supply a letter from your Accountant to certify your total earnings for the last financial year

**Letter from
Accountant
Attached**

* *Please delete as appropriate and tick the line indicating the information being supplied.*

Date you left this job (if applicable) _____

Reason for leaving _____

REPRESENTATIVE'S DETAILS (Applicants should complete this section ONLY if they wish to appoint a representative to act on their behalf)

I authorise the person named below to act as my representative in my application. Correspondence regarding my application will be sent to my representative and will be deemed to have been sent to me. This includes any medical documents in relation to my case.

COMPLETE THE FOLLOWING DETAILS IN BLOCK CAPITALS

Full Name: _____

Position: _____ Telephone No: _____

Address:

_____ Postcode: _____

E-mail address (if applicable): _____

Applicant's Signature: _____ Date: _____

DECLARATION

I declare that the information I have provided is correct to the best of my knowledge and I understand that if any of the information is either misleading or inaccurate it may affect my application.

Signed _____ **Date** _____

Contact Telephone Number (s) _____

Any information collected on this form will only be used for the determination of your percentage 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.

When completed, this application form should be returned to:

Administration Branch
4th Floor, Waterside Tower
31 Clarendon Road
Clarendon Dock
BELFAST
BT1 3BG

The person dealing with your case will be: _____

Telephone Extension: _____

Please ensure that the enclosed 'Consent to the Release of Medical Information to the Medical Adviser (Capita Health Solutions)' Form is completed and returned to us with this application form

PLEASE ALSO NOTE THAT IF THE RESULT OF THIS REVIEW (OR ANY SUBSEQUENT APPEAL) IS A REDUCTION IN YOUR PERCENTAGE DISABLEMENT AND THAT REDUCTION IS BACKDATED, YOU MAY BE REQUIRED TO REPAY ANY OVERPAYMENT OF PENSION

APPENDIX A

Please provide information in relation to incidents during your police career that you feel have substantially contributed to your current illness and were not considered at the time of your last medical pension assessment. Please include as much detail as possible regarding each incident – particularly dates and locations

Date and Location of Incident	Brief details of Incident	Injuries you Sustained	Other officers at Scene

IMPORTANT

Please remember to forward any documented evidence you have in relation to your involvement in the listed incidents.

Signed: _____	Date: _____
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Date and Location of Incident	Brief details of Incident	Injuries you Sustained	Other officers at Scene

IMPORTANT

Please remember to forward any documented evidence you have in relation to your involvement in the listed incidents.

Signed _____	Date _____
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