



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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PROTECT – MEDICAL



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? _____

PROTECT – MEDICAL



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: _____

PROTECT – MEDICAL



DECLARATION

I confirm that I have completed and have attached the following consent forms:

- 1. Selected Medical Practitioner OHW Consent Form (BWELL2)
- 2. Selected Medical Practitioner GP/Specialist Consent Form (BWELL3)
- 3. PSNI OHW Medical Consent Form (Form 100)
- 4. Non-medical Information Consent Form (PDR3)
- 5. PSNI Legal Services Consent Form (RA4) –
only if you have included hearing problems

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.

Address:

Contact Telephone Number(s) _____

Contact e-mail address: _____

Signed _____ **Date** _____

Any information obtained as a result of this consent 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:

**Police Administration Branch, 4th Floor Waterside Tower,
31 Clarendon Road, Clarendon Dock, Belfast BT1 3BG**



Important - Please Note:

1. This review *must* be carried out under the terms of the RUC Pensions Regulations 1988 or PSNI and PSNI Reserve (Injury Benefit) Regulations 2006. Failure to co-operate with the process may be detrimental to the outcome.
2. If you live abroad and solely for medical reasons are unable to travel to Belfast a review may be arranged elsewhere or carried out based on written reports alone. In this instance we will need medical evidence from your GP and Specialist by way of corroboration. We cannot reimburse travelling costs.
3. If you live in Northern Ireland but are medically unfit to travel to Belfast for your review we can arrange for our Selected Medical Practitioner to make a home visit. In this instance we would need evidence from your GP confirming your condition.
4. It is vitally important that you tell us immediately if you change your address during the review process.

PROTECT – MEDICAL



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.

PROTECT – MEDICAL



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IMPORTANT

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

Signed _____ Date _____
