



APPLICATION FOR A RETROSPECTIVE INJURY AWARD

Name: _____ Former Police Number _____

Former Rank _____ National Insurance Number: _____

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

Date of Birth _____

Date of Joining _____

Date of Leaving _____

Last Station/Posting _____
(please indicate your last Branch/Unit and Station)

Reason for Leaving _____
(i.e. Retirement, Severance, Resignation etc)

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)

PROTECT – MEDICAL

Q1 Please give FULL DETAILS of all the medical conditions and/or injuries you are currently suffering from that you believe was sustained as a result of injury received in the execution of your duties as a police officer. What are your symptoms?

Q2 Please describe (including precise dates and locations as far as possible) any incidents during your career that you feel have caused your current illness

*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. Please give the name and address of your General Practitioner or any other Doctors, Consultants or Therapists who have treated you in relation to the noted medical problems. (See also ‘consent to the release of medical information to the medical advisor’).

Q4. 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:

PROTECT – MEDICAL

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 have been 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: _____

Q5 Have you had any other employment since leaving the RUC/PSNI? YES/NO

If YES, please give details of the dates you were employed, the company's address, the position you held and earnings etc.

PROTECT – MEDICAL

Q6 Please give details of any State benefits you currently receive including amounts

Q7 Have you been medically assessed by the DHSS – eg for Industrial Injuries, Employment Support Allowance, DLA? If so, what was the outcome?

(Please include the date of assessment and the percentage disablement awarded)

Q8 Please give any other information that you feel is relevant

PROTECT – MEDICAL

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

1. Selected Medical Practitioner Medical Consent Form for OHW (BWELL2)
2. Selected Medical Practitioner Medical Consent Form for GP/Specialist (BWELL3)
3. OHW Medical Consent Form (Form 100)
4. Non-medical Information Consent Form (RA3)
5. PSNI Legal Services Consent Form (RA4) –
only if you have included hearing problems in your application

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 could affect my application.

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Contact Telephone Number(s): _____

Signed: _____

Date: _____

CHANGE OF ADDRESS – It is essential that you inform this office immediately if you change your address at any future date

When completed, this application form should be returned to:

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

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. 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

(Please continue overleaf if necessary)

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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PROTECT – MEDICAL

Appendix A- continued:

Please provide information in relation to incidents during your police career that you feel have substantially contributed to your current illness. 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

Signed: _____ Date: _____

Any information collected on this form will only be used for the determination of your retrospective injury on duty award 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.