Northern Ireland PolicingBoard

RA5

APPLICATION FOR A RETROSPECTIVE INJURY AWARD

Former Officers Over 65 Years of Age

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, Dismissal etc)

Proof of Identity

Under 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/Credit Card Statement or a similar official document – but it **must** show your name and address

* Complete copy of both parts of a Full **(not Provisional)** driving licence is sufficient sufficient for both categories.

I am providing the following types of identification:			
(a)		(b)	

Trim 100166

Q1 Please give full details of the medical condition and/or injury 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 <u>precise dates and locations as far as possible</u>) all incidents during your career that you feel caused your current illness/injury.

Please use the attached table at the back of this form (headed Appendix A) to list all your casual incidents. It will greatly help the consideration of your case if you can provide any evidence of your involvement in the incidents that you wish considered. This can include signed statements from any former colleagues who could confirm your involvement in the incident or incidents described, police notebook or 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.

____

____

____

____

____

____

Q4. Please give details of any State benefits you currently receive including the amounts

____

____

____

____

Q5. Have you been medically assessed by the DHSS (e.g. for Industrial Injury or DLA Incapacity Benefit) If so, what was the outcome?

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

____

____

____

____

____

____

Q6. Please give any other information that you feel is relevant

____

____

____

____

____

____

____

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 this application. Correspondence about 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. Capita Health Solutions Medical Consent Form for OHW ☐
2. Capita Health Solutions Medical Consent Form for GP/Specialist ☐
3. OHW Medical Consent Form ☐
4. Non-medical Information Consent Form ☐

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

Contact Telephone Number(s): ____

Signed: ____

Date: ____

<u>CHANGE OF ADDRESS</u> – It is essential that you inform this office IMMEDIATELY if you change your address at any future date. This allows us to contact you during the application process and for any possible future review(s) of your Award (if granted).

When completed, this application form should be returned to:

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

The person dealing with your case will be ______________________________________

Telephone Number ____

Appendix A

Please provide information in relation to incidents during your police career that you feel have substantially contributed to your current illness. Include as much detail as possible regarding each incident, particularly exact 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:** ________________________

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 for each incident, particularly exact 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 under the terms of the Data Protection Act 1998.