

**APPLICATION FOR ADULT SURVIVOR'S
SPECIAL/AUGMENTED AWARD**

OVERVIEW

An application for an Adult Survivor's Special Augmented Award (an **Adult Survivor Award**) can be made by a surviving spouse, civil partner or adult partner (the **Adult Survivor**) of a police officer who;

1. dies, or has died (the **Deceased**);
2. as the result of an injury received in the execution of his/her duty; and
3. the injury was not received wholly or mainly as a result of the Deceased's negligence.

Pursuant to the *PSNI and PSNI Reserve (Injury Benefit) Regulations 2006*, the Northern Ireland Policing Board (the **Board**) must determine if the circumstances of the case, to include the relevant medical conditions, satisfy the criteria for an Adult Survivor Award. In order to assist the Board in reaching a decision this application will be referred to a Selected Medical Practitioner (an **SMP**) who will provide expert medical analysis and opinion.

The SMP will provide an opinion based on all the evidence available to him/her. This can include, but is not limited to medical notes, records and reports and employment records. The Adult Survivor making this application must complete a Medical Report Disclosure Form to assist the SMP in requisitioning relevant medical information, required to make a determination in the case

On review of the evidence, the SMP will compile a report and issue this to the Board. Please be advised that the report will contain details of injuries suffered during the execution of duty as well as medical conditions which contributed to the death of the Deceased.

1. DECEASED OFFICER DETAILS

Name	
Rank	

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Force Number	
Address	
Date of Birth	
National Insurance Number	

2. NATURE OF ILLNESS AND CAUSE OF DEATH

Please describe any injury or injuries suffered by the Deceased during his/her police career together with a description of the circumstances leading up to their death. If possible, and to further support this application, please provide a copy of any documentary evidence you hold relating to the Deceased's injury/illness. This could include, but is not limited to, relevant medical reports and records, newspaper cuttings, corroborating statements from former colleagues etc.

Please use a continuation sheet if required.

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3. MEDICAL EVIDENCE

It is beneficial for the Selected Medical Practitioner to have a much contemporaneous medical evidence to examine, in order to consider this application in detail and provide an opinion to the Board. We would be grateful if you could provide the name and address of the Deceased's former GP, together with any other former doctors, consultants and/or therapists who treated the Deceased in respect of the issues outlined at Section 2 above.

Please use a continuation sheet if required.

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Name of Doctor	Specialist Area	Address	Attendance Dates (approximate)
	General Practitioner		

4. POST MORTEM

4.1 Has a post mortem been performed? Yes No

4.2 If you answered yes to question 4.1 please confirm the date on which the post mortem was performed and where the post mortem was carried out:

4.3 Do you possess a copy of the coroner's report? Yes No

4.4 If you answered yes to question 4.3 please provide a copy of the coroner's report as part of this application.

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APPLICANT DECLARATION

- I confirm that I am the widow/widower/civil partner/adult partner of the Deceased. (Please delete accordingly).
- I confirm that the information I have provided in this application form is correct and truthful to the best of my knowledge and belief.
- I understand that if the information I have supplied is inaccurate or misleading then this might affect the progress of my application.
- I acknowledge and agree that my application will be processed in accordance with the Northern Ireland's Policing Board's policies and procedures together with all relevant legislation, regulations and statutory provisions.
- I understand that information collected during the course of this application can be retained for the purposes of this application as well as any subsequent and related reassessment, reconsideration or appeal.
- I confirm I have read and understood the Board's Privacy Notice and signed the relevant **Applicant Declaration (APP-DEC)** and returned this to the Board for their records.
- I confirm that I have read and understood the Board's Medical Report Disclosure Form and signed the relevant **Medical Report Disclosure Declaration (MED-DISC)** and returned this to the Board for their records.
- I understand that all personal information held by the Board is processed in accordance with current data protection legislation.

Signed	
Date	
Address	
Postcode	
Telephone Number	

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Email address	
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It is essential that you inform this office immediately if you change your address.

Please return your fully completed application form to;

**NIPB Police Pension and Injury Benefits Branch
James House, Block D
2-4 Cromac Avenue
Gasworks
BELFAST
BT7 2JA**

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DETAILS OF APPOINTED REPRESENTATIVE

Please complete this section only if you wish to appoint a representative to act on your behalf in respect of your application. If you chose to appoint a representative to act on your behalf all future correspondence and updates in respect of your case will be provided thereafter to your appointed representative.

- I authorise _____ to act as my appointed representative in this, my application for an Adult Survivor Special/Augmented Award.
- I hereby acknowledge that any future correspondence regarding my application (to include medical documents and/or reports) will be forwarded to my appointed representative.
- I further acknowledge that any correspondence forwarded to my appointed representative will be deemed to have been sent to me.
- I authorise my appointed representative to act as the sole point of contact with the Board and acknowledge that the Board will communicate with me directly through my appointed representative.

PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS

Full Name of Appointed Representative: _____

Address: _____

Postcode: _____

Position/Relationship to the Applicant: _____

Telephone Number: _____

E-mail address:¹ _____

Applicant's Signature: _____ **Date:** _____

¹ Please be advised that due to data protection measures the Board will not substantively communicate with you and/or your appointed representative by way of email. Email correspondence will be limited to preliminary updates, with no sensitive and/or personal information being shared via this medium.
Application for an Adult Survivor's Special/Augmented Award (AD-SUR) Amended March 2023 (HPE-352314)