

OFFICIAL - SENSITIVE

APPLICATION FOR REQUESTED DISABLEMENT REASSESSMENT

Name: _____ Former Service Number _____

Former Rank _____ National Insurance Number: _____

Service: (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 Service _____

Date of Leaving Service _____

Reason for Leaving _____

(i.e. Retirement, Dismissal, Resignation etc)

PROOF OF IDENTITY

In accordance with data protection legislation, in order to 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 current driving licence*; current signed passport; birth certificate
- (b) **Confirmation of address:**
Full Driving Licence*; utility bill, bank/building society/credit union statement issued within the last three months, mortgage statement from a recognised lender issued within the last full year, benefits agency letter issued within the last three months, NHS Medical Card, HMRC self-assessment letters/tax demands dated within the current financial year.

* Full driving licence being photographic card and paper counterpart. If both parts are jointly submitted then parts (a) and (b) above will be satisfied. Please note a provisional licence will not be sufficient in this instance.

I am providing the following types of identification:

(a)	(b)
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OFFICIAL - SENSITIVE

- Q1. Please give the name and address of your current/former GP together with any other current/former doctors, consultants and/or therapists who have treated since your last assessment and this treatment relates to the medical condition(s) noted in your earlier application. (Please also review and complete separate Medical Report Disclosure Form (MED-DISC Form)).**

NAME	ADDRESS

*Please be advised that in order to progress this application you must obtain a letter/report from you GP or specialist doctor that confirms your medical condition(s) has deteriorated since your last assessment.
You must append this letter/report to this application form and return this to the Northern Ireland Policing Board.*

- Q2. If you wish to include evidence of a new medical condition(s) please describe (including dates, locations, other connected parties and any other relevant information) any incidents during your police career that you feel have caused or substantially contributed to these new medical condition(s):**

Please answer this question by using the table attached to the end of this application form, marked 'Appendix A.' Please list any/all casual incidents which you believe have caused and/or contributed to your current condition(s). If possible, and to further support your application, you should provide a copy of any documentary evidence you hold, which demonstrates your involvement in the incidents you would like the Board to consider. This could include, but is not limited to, signed statements from former colleagues who can verify and/or were involved in the incident(s) you have listed, police notebooks or journal entries, newspaper cuttings etc. You should forward any other information not listed, but which you consider relevant, that you would like the Board to consider in support of your application.

Q3. Have you been employed since your last assessment? YES/NO

If you answered yes please provide details of your most recent employment:

Company Name and Address:

Are you currently employed in this position? _____

What position did/do you hold? _____

What date did you start work? _____

Please describe the type of duties you performed:

Date you left this job (if applicable): _____

Reason for leaving: _____

Q4. Are you receiving or planning to apply for an award from the Victims Payment Scheme? YES/NO

If you answered yes please provide details of the date your application was made and if you are currently in receipt of an award.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 a Retrospective Injury on Duty 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.

APPLICANT DECLARATION

- 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	
Email address	

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**

PLEASE NOTE

1. If you fail to engage and/or co-operate with the Board during the reassessment process your case may be adversely affected and/or closed.
2. If you live abroad, but you are medically unfit to travel it is possible for your reassessment to be carried out on a paper basis i.e. on review of the medical documentation and evidence. However, we require confirmation from your GP or specialist doctor which confirms why you are medically unfit to travel.
3. If you live in Northern Ireland but are medically unfit to attend for an appointment the Board has a Home Visit Policy which can be obtained on request. In this instance we require confirmation from your GP or specialist doctor which confirms you are medically unfit to attend at the Board for an appointment.
4. The Board requires a letter/report from your GP or specialist doctor to support your reassessment application.
5. The Board cannot reimburse costs of obtaining medical letters/reports obtained per Points 2 - 4 above.
6. You must declare any current employment either full or part-time which you undertake anywhere in the world and whether same is taxable or not. This includes any self-employed roles. The Board needs to know the exact duties/tasks you undertake to determine any degree of disablement. We do not need to know any salary details for your employment.

Appendix A

Further to Q2 above, please provide below information in relation to all incidents during your police career you feel have substantially contributed to your current condition(s). Please include as much detail as possible regarding each incident –particularly dates & locations. Please use the continuation sheets provided as necessary and ensure each is signed & dated as indicated

Please note, the information you include below will be provided to the PSNI for confirmatory purposes and also as part of the referral prepared to the Selected Medical Practitioner (**SMP**). As such we would request that you take care to ensure the information included is readily legible to those processing your application. Please note if the information included is not clearly legible, this will result in your application being returned.

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

				For Office Use Only		
	Date and Location of Incident	Brief details of Incident Please list incidents in date order	Injuries you Sustained	Incident confirmed by PSNI	Officer's involvement confirmed by PSNI	Accepted as IOD and/or IOD report available
1.						
2.						
3.						

Signed: _____ Force No. _____ Date: _____

Appendix A (Continued)

				For Office Use Only		
	Date and Location of Incident	Brief details of Incident Please list incidents in date order	Injuries you Sustained	Incident confirmed by PSNI	Officer's involvement confirmed by PSNI	Accepted as IOD and/or IOD report available
4.						
5.						
6.						
7.						
8.						
9.						

Signed: _____ Force No. _____ Date: _____

Appendix A (Continued)

				For Office Use Only		
	Date and Location of Incident	Brief details of Incident Please list incidents in date order	Injuries you Sustained	Incident confirmed by PSNI	Officer's involvement confirmed by PSNI	Accepted as IOD and/or IOD report available
10.						
11.						
12.						
13.						
14.						
15.						

Signed: _____ Force No. _____ Date: _____