

OFFICIAL – SENSITIVE

**APPEAL AGAINST DECISION OF
SELECTED MEDICAL PRACTITIONER**

APPELLANT'S STATEMENT OF GROUNDS OF APPEAL

INSTRUCTIONS

- Please provide a clear and comprehensive narrative, expressly detailing your grounds for appeal.
- It is necessary for you to include all relevant evidence/information that you believe is important in support of this appeal application.
- In order for the appeal to be progressed you must provide any/all relevant facts and issues.
- Your case will be referred to a new doctor for consideration, namely an Independent Medical Referee (IMR).
- The IMR will be able to consider any new, relevant evidence or information that you supply. This information may or may not have already been considered by the Selected Medical Practitioner (SMP).

Please note that new incidents and/or medical conditions, which did not form part of your original application, cannot be considered by the IMR as part of your appeal.

1. **I wish to appeal the decision of the Selected Medical Practitioner in their Certificate and Report dated:**

2. **Please tick which of the below you wish to appeal:**

Decision regarding an Injury on Duty Award

Decision regarding an Ill Health Retirement Award

Decision regarding both an Injury on Duty Award and an Ill Health Retirement Award

Decision regarding Early Payment of a Deferred Pension due to Ill Health

Other (please specify) _____

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Please note, Further Medical Evidence (FME) must be submitted no later than 2 weeks prior to the appointment date of the Independent Medical Referee (IMR) assessment.

6. Are you receiving or planning to apply for an award from Victims Payment Scheme?

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

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APPOINTED REPRESENTATIVE (AR) FORM

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.

AR Full Name	
AR Organisation (if any)	
AR Address	
AR Relationship with the Appellant	
AR Telephone Number	
AR Email Address	

Appellant Signature	Date

Appointed Representative Signature	Date

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APPELLANT DECLARATION

- I understand that new incidents and/or medical conditions, which did not form part of my original application, cannot be considered as part of this appeal.
- 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 applications.
- I understand that all personal information held by the Board is processed in accordance with current data protection legislation.

Appellant Signature	
Print Full Name	
Date of Birth	
(Former) Rank	
Service Number	
Date you left service (if applicable)	
Address	

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Telephone Number	
Email Address	
National Insurance Number	
Pension Scheme of which you are a Member (if available)	

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

Please return your fully completed application form to;

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