

APPEAL AGAINST REFUSAL OF ILL HEALTH RETIREMENT BY SELECTED MEDICAL PRACTITIONER**Appellant's Statement of Grounds of Appeal
Pursuant to *Regulation 68 of the Police Pension (NI) Regulations 2009*****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, those processing this appeal must be appraised of 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 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. **Under *Regulation 68 of the Police Pension (NI) Regulations 2009* I wish to appeal the decision made in the Selected Medical Practitioner's Certificate and Report dated:**
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2. **In your own words, please detail below the specific points within the Selected Medical Practitioner's Report which you do not agree with. Please provide a thorough explanation why you do not agree with these points. Please use a continuation sheet if necessary:**
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3. **I attach the following supporting documents and/or information which was not presented to the Selected Medical Practitioner and which was therefore not considered during my initial assessment:**

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Please note that if you are unable to provide the requisite documentary information/evidence detailed in Section 3 with this application, you must supply same within 6 weeks of the date of signing this application.

I confirm that I have provided all information in support of my appeal and would like my appeal to be progressed to the next step

I confirm that I have not yet provided all information in support of my appeal and would like my appeal to be held pending supply of this information

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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 appeal application.
- 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.

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APPLICANT 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 understand that I must provide a final copy of any new evidence before my appeal can be progressed.
- 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.

Signed	
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	

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