

OFFICIAL – SENSITIVE

**APPLICATION FOR A
RETROSPECTIVE ILL HEALTH RETIREMENT**

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. Other items might be accepted if deemed acceptable.

* 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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Q1 Please give full details of all current medical condition(s):

Q2 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 you for the above noted medical problems. (Please also review and complete separate Medical Report Disclosure Form (MED-DISC Form)).

NAME	ADDRESS

Q3. Have you been employed since you left the RUC/PSNI? YES/NO

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

Company Name and Address:

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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 Have you had any other employment since leaving the RUC/PSNI? YES/NO

If you answered yes please provide details of the dates you were employed, your employer(s) name and address, and a brief description of your duties and earnings for each role. Please use a continuation sheet if necessary:

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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 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 purpose of this application as well as any subsequent and related reassessments, reconsiderations or appeals.
- 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 Administration Branch
Floor 4, Waterside Tower
31 Clarendon Road
BELFAST
BT1 3BG**