



REQUESTED DISABLEMENT REASSESSMENT APPLICATION FORM

Name _____ Former Force/Service Number _____

Former Rank _____ Last Posting _____
Please include Branch and station

National Insurance Number _____

Force/Service: (Circle) RUC RUC Full-Time Reserve RUC Part-Time Reserve
 PSNI PSNI Full-Time Reserve PSNI Part-Time Reserve

Proof of Identity

In accordance with the Data Protection Act, to help 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 driving licence*; passport; birth certificate

(b) **Confirmation of address:**
Full driving licence*; utility bill, bank or credit card statement; or other equivalent/similar official document – but it **must** show your name and address

*Complete copy of both parts of your full (**not provisional**) driving licence will be sufficient for both categories.

I am providing the following types of identification:

(a)		(b)	
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Q1. Please provide the name and address of your General Practitioner or any other Doctors, Consultants or Therapists who have treated you in relation to the noted medical conditions since your last assessment

Name: _____ Address: _____

_____ Postcode: _____

Name: _____ Address: _____

_____ Postcode: _____

Name: _____ Address: _____

_____ Postcode: _____

*You will need to ask your GP to write a short report confirming that your medical condition has deteriorated since your last assessment and that the deterioration is related to an injury or injuries sustained during your police service career. **Please attach the report to this form when you return it***

Q2. If you are including evidence of a new medical condition please describe (with dates/locations if possible) any incidents during your police career that you feel have caused or contributed to this.

Please use the attached table at the back of this form (headed Appendix A) to list all causal incidents. It would greatly assist the consideration of your case if you are able to provide evidence of your involvement in all the incidents that you wish considered. This can include signed statements from any former colleagues who can verify your involvement in the incident or incidents described, police notebook/journal entries or newspaper cuttings. You should also send any other information that you consider relevant and would like to be considered in support of your application.

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

If YES please provide details of your most recent employment

Company Name and Address:



What position did/do you hold in the employment?

What date did you start work?

Please describe the exact type of duties you perform/performed

Date you left this job (if applicable)

Reason for leaving

REPRESENTATIVE'S DETAILS (Applicants should complete this section ONLY if they wish to appoint a representative to act on their behalf)

I authorise the person named below to act as my representative in my application. Correspondence regarding my application will be sent to my representative and it will be deemed to have been sent to me. This includes any medical documents in relation to my case.

PLEASE COMPLETE THE FOLLOWING DETAILS IN BLOCK CAPITALS

Full Name: _____

Position: _____ Telephone No: _____

Address:

_____ Postcode: _____

E-mail address (if applicable): _____

Applicant's Signature: _____ Date: _____



DECLARATION

I confirm that I have completed and attached the following consent form:

- Consent to the Release of Medical/Personal Information' (SMP2)

I declare that the information I have provided is correct to the best of my knowledge and I understand that if any of the information is either misleading or inaccurate it could affect my application.

Address: _____

Contact Telephone Number(s) _____

Contact e-mail address: _____

Signed _____

Date _____

CHANGE OF ADDRESS – It is essential that you inform this office immediately if you change your address at any future date

When completed, this application form should be returned to:

NIPB Police Administration Branch
4th Floor, Waterside Tower
31 Clarendon Road
Clarendon Dock
BELFAST BT1 3BG



Any information obtained as a result of this form will only be used for the determination of this reassessment and any future reassessment and will only be disclosed to those involved in the process.

All personal information held by the NIPB is processed in accordance with the Data Protection Act 1998.

Important - Please Read:

1. Failure to co-operate with the reassessment process once you have instigated it may be detrimental to the outcome and the case may be closed.
2. If you live abroad and solely for medical reasons are unable to travel to Belfast your reassessment **MAY** be carried out based on written reports only. In this instance we would need medical evidence from your GP to confirm you cannot travel. We would also require a report from a Specialist to support your reassessment application or if you are not currently being treated by a Specialist then a corroborative report from your GP. We cannot reimburse any costs that may arise.
3. If you live here in Northern Ireland but are medically unfit to travel to Belfast for a reassessment we can arrange for our Selected Medical Practitioner to make a home visit. In this instance we would require evidence from your GP confirming your inability to travel.
4. You must declare **ANY** current employment whether it is full or part-time; anywhere in the world and taxable or not. This includes self-employment. We need to know the exact duties/tasks you perform in that job as our SMP will use that information to determine your degree of disablement. We do not need to know your salary details from such a job.
5. It is vitally important that you advise us immediately if you change your address during the reassessment process.



APPENDIX A

Please provide information in relation to incidents during your police career that you feel have substantially contributed to the new current medical condition and were not considered at the time of your last assessment. Please include as much detail as possible regarding each incident – particularly dates and locations

Date and Location of Incident	Brief details of Incident	Injuries you Sustained	Other officers at Scene

IMPORTANT

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



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Signed _____ Date _____
