



RA6

APPLICATION FOR A RETROSPECTIVE ILL HEALTH RETIREMENT

Name: \_\_\_\_\_ Former Police Number \_\_\_\_\_

Former Rank \_\_\_\_\_ National Insurance Number: \_\_\_\_\_

Force: (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 \_\_\_\_\_

Date of Leaving \_\_\_\_\_

Last Station/Posting

(please indicate your last Branch/Unit and Station)

Reason for Leaving

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

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)



**Q1 Please give FULL DETAILS of all the medical conditions you are currently suffering from. What are your symptoms?**

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**Q2 Please give 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 problems. (See also 'Consent to the Release of Medical/Personal Information' (SMP2) to the medical advisor).**

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

*If YES please provide details of your most recent employment*

**Company Name and Address:**

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**What position did you hold?** \_\_\_\_\_

**What date did you start work?** \_\_\_\_\_

**Please describe the type of duties you performed:**

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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 YES, please give details of the dates you were employed, the company's address, the position you held and earnings etc.*

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**Q5** Please give any other information that you feel is relevant

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**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 will be deemed to have been sent to me. This includes any medical documents in relation to my case.

**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 forms:*

- 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.

Contact Telephone Number(s): \_\_\_\_\_

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:

Police Administration Branch  
4<sup>th</sup> Floor, Waterside Tower  
31 Clarendon Road  
Clarendon Dock  
BELFAST BT1 3BG

**PLEASE NOTE:**

**Any information collected on this form will only be used for the determination of your retrospective ill health retirement application and only disclosed to those involved in this process.**

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