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Appeal 1

APPELLANT'S STATEMENT OF GROUNDS OF APPEAL
THE PSNI & PSNI RESERVE (INJURY BENEFIT) REGULATIONS 2006
APPEAL AGAINST DECISION OF
THE SELECTED MEDICAL PRACTITIONER

Return this form to: Appeals Officer, Police Administration Branch, Northern Ireland Policing Board, 31 Clarendon Road, Clarendon Dock, Belfast BT1 3BG

If you do not have enough space to write all the information we need, please use extra sheets of paper then attach them to this form. You **must** sign this form, as we cannot accept it without your signature.

1. Under Part 4 Section 30 of the PSNI and PSNI Reserve (Injury Benefit) Regulations 2006, I want to appeal against the Selected Medical Practitioner's Certificate and Report dated:

   ……

2. In your own words, set out below, the parts of the Selected Medical Practitioner's Certificate and Report you do not agree with, and the reasons why. You may use a continuation sheet.
   The reasons for my appeal are as follows:

   _____

   _____

   _____

   _____

   _____

   It is necessary for you to include **all** important facts to support your case. For the appeal to be valid all involved in the appeal process need to be aware of these facts. The Selected Medical Practitioner may reconsider their decision if, as part of the appeal process, you give new relevant evidence (not new incidents and/or medical conditions).

   *Please therefore **complete either point 3 or point 4** whichever is appropriate:*

3. **A. I attach -** ***or B. will provide within the next 6 weeks*** – for consideration the following supporting documents or information which was not presented to the Selected Medical Practitioner and considered during the initial assessment.

   _____

   _____

   _____

   _____

   _____

OR

4. I am ticking the box to confirm that I have provided all information in support of my appeal and am content that it proceed to the next step in the process. ☐

   Any 'new' information WILL be referred back to the Selected Medical Practitioner for them to review their decision BEFORE your appeal is submitted to the Department of Justice.

5. To assist the Department of Justice to set up an Independent Medical Referee the following are a list of GPs and specialists who have treated me for my condition:

Name: ……Address: ……..

……

Name: ……Address: ……

……

Name: …… Address: ……

……

Name: …… Address: ……

…,……

(If necessary, continue on an extra sheet and attach it to this form)

PERSONAL DETAILS

Your signature:…… Date:……..

Fill in the following details in BLOCK CAPITALS

Full Name: ……..

Rank: ……Service No: ……

National Insurance Number: ……

Date you left the Service/Force: (if this applies): ……

Address: ……..

…… Postcode: ……

Home Telephone No: …… Mobile No: ……..…

E-mail address (if applicable): ……

REPRESENTATIVE'S DETAILS (Appellants should complete this section ONLY if they wish to appoint a representative to act on their behalf. If using solicitors please only give the name of the firm *not* an individual solicitor)

I authorise the person named below to act as my representative in my appeal. You should send all correspondence relating to my appeal to my representative and I understand you will class this as having been sent to me once my representative receives it. This includes any medical documents relating to my case

Fill in the following details in BLOCK CAPITALS

Full Name: ……..

Position: …… Phone No: ……

Address: ……..

…… Postcode: ……

E-mail address (if you have one):
……

Your signature: …… Date: ……

DECLARATION

As far as I know, the information I have provided is correct. I understand that if any of the information is either misleading or inaccurate, it may affect my application.

I understand that any new incidents and/or medical conditions will not be considered at appeal stage.

I understand that I must provide any and all new supporting evidence before my appeal is submitted to the Department of Justice.

I consent to all information I have provided for my appeal being forwarded to the SMP for consideration before my appeal is submitted to the DOJ. (If there is new evidence this may result in the SMP reconsidering their original decision. If not the SMP will provide a report for the Independent Medical Referee and a sealed envelope containing all confidential medical reports used in the original assessment)

Your signature: _____ Date: _____

Contact phone number: _____

We will only use your information for the appeal process, and will only pass it on to the people or organisations involved in this process.

All personal information we hold is processed in accordance with the Data Protection Act 1998.