

Official Use Only:

VPB:



TROUBLES PERMANENT DISABLEMENT PAYMENT SCHEME

APPEAL FORM

Please read the following important information before filling in the form

General Information

1. This appeal form must be completed to appeal against a decision taken under the Troubles Permanent Disablement Payment Scheme.
2. The Victims' Payments Board has published **Guidance Notes** containing information to assist you in completing this form. Please read this information before completing this form. Further information can also be found on the Victims' Payments Board website: www.victimspaymentsboard.org.uk
3. We appreciate that recounting information required to complete this form may be upsetting for some people and it may be helpful to have a family member or friend or organisation to help you. If you would like help to complete this form, support services are also available from a number of organisations – see **Annex A** of the **Guidance Notes** for further details.
4. If you are in distress and need to speak to someone urgently you can call Lifeline for free on 0808 808 8000 from UK landlines and mobiles, 24 hours a day, 7 days a week.
5. Your appeal must be received by the Victims' Payments Board **no later than 12 months** from the date the decision letter was notified to the beneficiary.

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	Data Capture	Scanned	Date Received
Date			
Initials			

6. Please do your best to provide as many important details as you can recall, including dates. Similarly, if you are completing this form on behalf of someone else, please provide as much relevant information as possible.
7. You will need to provide as much relevant information as possible to help consideration of your application. **Decisions by the Victims' Payments Board will be made on the balance of probabilities. i.e. the injury is more likely than not to have resulted from the incident, however the burden of proof rests with the applicant (i.e. it is your responsibility to ensure that sufficient, relevant information is provided to support an award under this scheme).**
8. Please note that we may have to contact various relevant statutory organisations to process your application. By signing the declaration within this application form you are indicating that you understand that this is the case. Further detail is provided at the declaration section of this form. Appeal forms will not be accepted without a signed declaration.
9. We recognise the importance of keeping all personal and sensitive information secure. We are committed to ensuring that all personal data is processed lawfully, fairly and in a transparent manner. You can read the Victims' Payments Board Privacy Notice on the Scheme website.
10. For the purpose of completing this application, please note the following:–
 - Victim:** the person who was permanently injured as a result of a Troubles-related incident.
 - Beneficiary:** the person who may benefit if an award is made under the Troubles Permanent Disablement Payment Scheme.

How to complete this application form

- Please complete this form using black ink and block capitals
- Please read the Guidance Notes before completing the appeal form.
- You **must** complete and sign the declaration and return the completed form, along with any supporting information to the address noted at the end of the form.

SECTION 1 – PERSONAL DETAILS

A – Beneficiary details (this should be the details of the person who is intended to benefit, or has benefited, from any award under this scheme.)

First name(s):	<input type="text"/>
Last name:	<input type="text"/>
Current address:	<input type="text"/>
VPB Reference Number:	<input type="text"/>
Preferred contact number:	<input type="text"/>
Email address (<i>if applicable</i>):	<input type="text"/>

B – Acting on behalf of the Beneficiary

If you have already provided the details below at the time of the original application, and the details have not changed, please tick this box

If not, please complete this section only if you are appealing on behalf of the person whose details are set out at section 1A of this form.

First name(s):	<input type="text"/>
Last name:	<input type="text"/>
Current Address:	<input type="text"/>
Relationship to Beneficiary:	<input type="text"/>
Preferred contact number:	<input type="text"/>
Email address (if applicable):	<input type="text"/>
Has there been a controller or power of attorney appointed for the beneficiary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide information as to the reasons you are applying on behalf of the beneficiary supported by relevant documentation.	<input type="text"/>
An application on a beneficiary's behalf must be supported by the following attachments:	
<input type="checkbox"/>	Evidence of authority to act on behalf of the beneficiary. (If you are not related to the beneficiary or do not have enduring power of attorney, please provide details on why you are making an application on their behalf).

Remember, if you need help filling in this form, or any part of it please contact the organisations listed in Annex A of the Guidance Notes

SECTION 2 – ABOUT THE DECISION BEING APPEALED

What is the date of the notification letter from the Victims' Payments Board containing the decision that is being appealed?

SECTION 3 – ABOUT THE APPEAL

Grounds for appeal

In this section we need to know which decision(s) you disagree with. Please state why you disagree with the Victims' Payments Board decision. Please write your reasons below and continue on a separate sheet if necessary. Please include as much supporting evidence as you can.

- appeal against a decision regarding presence at the Troubles-related incident(s)
- appeal against a decision in respect of a criminal conviction and/or exceptional circumstances
- appeal against a decision regarding the degree of disablement
- appeal against a decision regarding an interim assessment
- appeal against a decision regarding the amount of victims payments award
- an appeal regarding a posthumous application made by more than one person

Please list the supporting documents in the table below. Please send copies as original documents cannot be returned.

Type of Document

Remember, if you need help filling in this form, or any part of it please contact the organisations listed in Annex A of the Guidance Notes

SECTION 4 – ABOUT THE APPEAL CONTINUED

According to the law, your appeal must be received by the Victims' Payments Board no later than 12 months from the date the decision letter was notified. If your appeal is received after this date, it is a late appeal and the Victims' Payments Board will need to know why it is late.

Is your appeal late?

Yes

No

If **yes**, you must give reasons below why your appeal is late.

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SECTION 5 – THE HEARING

The appeal panel may make a paper based decision on the appeal or it may decide that an oral hearing is to be held. However you can also request to have the appeal heard by way of an oral hearing.

Would you like to have an oral hearing?

Yes No

If you ticked **yes** above, what format of oral hearing would you prefer?

Face to Face Video Conference Teleconference

Please tell us about any special requirements that may need to be taken into account when arranging an oral hearing. This might include hearing loops or disabled access.

Do you have any special requirements?

Yes No

If **yes**, please tell us about these in the box below

Do you require an interpreter or signer to assist at the hearing?

Yes No

If **yes**, please tell us the language and dialect required in the boxes below

Language or type of sign language interpreter:

Dialect:

Remember, if you need help filling in this form, or any part of it please contact the organisations listed in Annex A of the Guidance Notes

SECTION 6 – DECLARATION

Please read the declaration carefully before signing. If the victim/beneficiary is under 18 or not able to handle their own affairs, the person making the claim on their behalf must sign this form.

- ◆ I declare that the information I have given is true and accurate to the best of my knowledge.
- ◆ I shall tell the Victims' Payments Board if my circumstances change, or if there are any changes in the details I have given.
- ◆ I understand that if any of the information on this form is incorrect or provided fraudulently that I may have to repay some or all of the payments I might otherwise be entitled to receive. Suspected fraudulent applications will be investigated by the appropriate authorities and may be reported to the police for further action in line with the Victims' Payments Board anti-fraud Policy.
- ◆ I agree to give the Victims' Payments Board full assistance in the processing of this application.
- ◆ I understand that the Victims' Payments Board, and agents acting on behalf of the board, may request the following information in line with Article 6(1)(e) of UK GDPR:
 - any medical practitioner attended by the victim, medical records, notes and reports which are relevant to this application (This will include GP and Counselling Notes and records if required)
 - From the police all relevant information, including copies of the victim's and or beneficiary's criminal record (if any) and any statements made in connection with this application
 - From any other source, any information which is relevant to this application
- ◆ I understand that the information I have provided may be given to relevant departments / agencies for the following purposes:
 - Prevention or detection of crime;
 - Criminal investigation;
 - Legal proceedings;
 - Preventing serious physical harm to a person;
 - Preventing loss of human life;
 - Safeguarding vulnerable adults or children;
 - Responding to an emergency; or
 - Protecting national security.

Signature of the person making the declaration

Signed	<input type="text"/>
Printed (block capitals):	<input type="text"/>
Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Returning this application form

Please mark completed forms **Strictly Private and Confidential** and return to:
PO Box 2305
BELFAST
BT1 9AX

Remember, if you need help filling in this form, or any part of it please contact the organisations listed in Annex A of the Guidance Notes