Official Use Only: VPB:

A circular logo with text

Description automatically generated

**TROUBLES PERMANENT DISABLEMENT PAYMENT SCHEME**

**APPLICATION FORM**

**Please read the following important information before completing the Application Form.**

**General Information**

1. This Application Form (the Form) must be completed in order to make an application to the Victims’ Payments Board (VPB) under the Victims' Payments Regulations 2020 (the Regulations).
2. **Before you begin to complete the Form, please use the** [**Eligibility Checklist**](https://www.victimspaymentsboard.org.uk/files/victimspaymentsboard/2024-03/Eligibility%20Checklist-%20FINAL.pdf) **to help you make an informed choice about whether to apply.**
3. The VPB has published **Guidance** providinginformation to assist you in completing the Form. The Guidance for online Application Forms can be obtained [**here**](https://www.victimspaymentsboard.org.uk/online-application-process-guidance-applicants); or for paper Application Forms [**here**](https://www.victimspaymentsboard.org.uk/paper-application-form-guidance-applicants). Please read the Guidance IN FULL before completing the Form. Further information can also be found on the VPB website [**here**](https://www.victimspaymentsboard.org.uk/making-application-0).
4. We appreciate recounting information may be upsetting for some and so it may be helpful to have a family member or friend to assist you in completing the Form.   
     
   **Free support services are available from a number of organisations to assist you with your application**– see Annex A of the Guidance.

|  |  |  |  |
| --- | --- | --- | --- |
| Official Use only: | | | |
|  | **Data Capture** | **Scanned** | **Date Received** |
| Date |  |  |  |
| Initials |  |  |

1

1. If you have been the victim of more than one Troubles-related incident, please ensure your application includes **all incidents you wish to have considered using Additional Incident Form/s as necessary.**
2. Please provide as much relevant information as possible in support of your application. This should include the date and location of incident/s, and details of any injury/injuries suffered, whether physical or psychological.
3. You need only submit supporting evidence you currently have in your possession as VPB has arrangements in place with partner organisations (see list in Guidance) to obtain, where possible, further information and evidence on your behalf.
4. Please also note VPB may need to contact you at various stages of the application process, for the purpose of clarifying information or seeking further details. Your co-operation and prompt response will assist the progress of your application.
5. In order to process your application, we may need to share your information with organisations/agencies such as medical practitioners, PSNI and Department for Communities. By signing the declaration within the Form you are indicating you understand this is the case. Further detail is provided at the Declaration section of the Form.
6. We recognise the importance of keeping all personal and sensitive information secure. We are committed to ensuring personal data is processed lawfully, fairly and in a transparent manner. You can read the VPB Privacy Notice [**here**](https://www.victimspaymentsboard.org.uk/privacy-notice).
7. For the purpose of completing this application, please note the following definitions:–

**Applicant:** the person making the application. This could be the victim or a person applying on behalf of a victim who has passed away.

**Victim:** the person who was permanently injured as a result of a Troubles-related incident.

**Nominee:** a person who the victim could or would have nominated to receive payments in the event of their death**.**

**Appointee:** a person who has the authority to act on behalf of or represent the applicant. (See Section B)

## How to complete the Form

* + Please read the Guidance before completing the Form.
  + Where possible, please complete the Form in electronic format. You will need to save the Form before uploading any supporting documentation, including identification documents. In the event any documentation is particularly lengthy, please refer to the Guidance.
  + If completing the Form in writing, please use black ink and block capitals. Once completed, please send the signed Form and all supporting documentation either in electronic format to [vpb@justice-ni.gov.uk](mailto:vpb@justice-ni.gov.uk) or in hard copy format to the address provided at the end of the Form.

**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.**

2

# PART 1 – APPLICANT’S PERSONAL DETAILS

# Section A – Applicant details

First name(s):

Last name:

Other given name(s):

Any former name(s) by which the applicant was known:

Date of birth: dd/mm/yyyy National Insurance Number

*(UK Resident only)*:

Current address:

Please provide a full address history, including **all** addresses outside of NI (continue in box on next page if necessary).

Postcode

3

If you have previously   
applied to the Scheme, please provide VPB Reference Number and date of application:

Please provide your   
 Health and Care Number  
 or NHS number  
 *(if applicable)*:

Preferred contact number: Email address *(if applicable)*:

If so, you **must attach a copy of any supporting documentation** of the above illness. This may include a letter from a GP or hospital. For the definition of “terminal illness” see [Guidance Note 05/22 "Prioritisation of Applications"](https://www.victimspaymentsboard.org.uk/gn-0522-prioritisation-applications) and the Application Form Guidance.

Does the applicant suffer from a Terminal Illness? Yes No

4

## Section B – Acting on behalf of the Applicant

Please complete this section **only** if you are completing the Form on behalf of the person whose details are set out in section 1A of the Form.

First name(s):

Last name:

Current Address:

Postcode

Relationship to Applicant: Preferred contact number:

Email address *(if applicable)*:

Are there any concerns about the applicant’s capacity to manage or administer their property and affairs including their financial affairs?

No

Yes

Has there been a controller appointed or power of attorney made for the applicant?

No

Yes

An application on an applicant’s behalf must be supported by the following attachment/s: Evidence of authority to act on behalf of the applicant

If you are not related to the applicant, or do not have enduring power of attorney, please provide details below as to why you are making an application on their behalf*.*

5

## Section C – Posthumous Application

## Applying on behalf of someone who passed away on or after 23 December 2004

## Please only complete this section if you are applying in respect of a person who passed away on or after 23 December 2004

First name(s) of deceased:

Last name of deceased:

Any former name or names  
 by which the deceased was   
 known (if applicable)

Date of birth of deceased  
 (DD/MM/YYYY)

National Insurance Number  
 for the deceased (if known)  
 (*UK resident only*)

Date of Death (DD/MM/YYYY)

Please provide full address  
 history for the deceased  
 (please use additional box  
 on next page if necessary):

6

Applicant’s relationship to the deceased (must be either spouse, civil partner, co-habiting

partner or carer):

## To your knowledge are you aware of anyone who is also eligible to lodge an application on behalf of the deceased? If so, please provide details:

7

## Section D – Proof of Identification

To validate the application it **must** be supported by copies of relevant identification documents as set out below (for example, passport or driving licence).

These documents **must be appropriately certified.**

Copies of birth and death certificates must be certified by:

* notary public or solicitor, or
* General Register Office of Northern Ireland (GRONI).

Other documents used to verify identity can be certified by:

* notary public or solicitor,
* MLA, MP or local councillor,
* doctor or dentist,
* teacher, civil servant, or a member of the clergy; or
* Welfare Support Officer working for the five organisations listed at Annex A of the Guidance.

The certifier should write on the copy document ‘Certified to be a true copy of the original seen by me’, and should sign and date this, print their name and add their occupation, address and telephone number.   
See Guidance for further information on how to certify the documents.

Applications **must** be supported by **ALL** of the following attachments:

certified copy of applicant’s birth certificate;

certified copy of photographic identity of applicant and nominee (if applicable);

proof of any name change since birth.

A **posthumous application** under **section C must** also be supported by **ALL** of the following attachments:

certified copy of deceased’s death certificate;

certified copy of the deceased’s will *(if applicable)*;

certified copy of grant of probate; or letters of administration *(if applicable)*;

certified copy of any proof of relationship between the applicant and the deceased.

**Please do not send original documents as these cannot be returned**

8

## PART 2: INCIDENT DETAILS

### The information required for a panel to assess eligibility for victims’ payments is set out below. The panel will assess eligibility for victims’ payments in relation to each incident included as part of your application. If you have been the victim of more than one Troubles-related incident, please ensure you include all incidents in this application using the Additional Incident Form/s, as necessary.

### Where you are making a posthumous application, please note the following paragraphs apply to the person who would have been, before death, entitled to victims’ payments.

### Before completing the Form, applicants are reminded to read the Guidance which sets out the eligibility criteria for the Scheme.

### You should detail as much information as possible in relation to the following matters.

### Troubles-related incident

### Please provide:

### a description of the act of violence or force carried out in each incident;

### the reason/s you consider the incident relates to the constitutional status of Northern Ireland or to political or sectarian hostility between people in Northern Ireland;

### any information you may have in respect of the person(s)/organisation who carried out the act of violence or force.

### Presence at incident

### Please state:

### what happened to you?

### how close in distance were you to the act of violence or force?

### what did you see?

### what did you do following the incident?

### Immediate aftermath of incident/Responding in the course of employment

### Please set out:

### where were you when the incident occurred?

### how soon after the incident did you arrive?

### what did you see?

### was a loved-one involved and, when you first saw them, where were they and how were they?

### in what capacity were you responding in the course of your employment to the incident (if applicable)?

### Please note, if the information required for each incident is not provided, the Scheme Administration Team may need to contact you to obtain the missing information and this may cause delay in progressing your application.

9

**Section A – Incident Details**

### Please provide details of the Incident. If you are making an application in respect of more than one incident, please use the Additional Incident Form/s as necessary.

Date of Incident:

What was the address/addresses of the victim at the time of the Incident?

Postcode:

Location of Incident:

Description of Incident:

Was the incident reported to any other organisation?

Please provide details:

10

If yes, please provide name/location of police station:

Yes No

**Section B – Reporting of Incident**

Was the incident reported to Police?

11

**Section C – Evidence from doctors and other health and social care professionals**

### Please note, it may be possible to confirm presence at a Troubles-related incident from medical records made at the time.

Did the victim attend A&E, a GP, a consultant, a private clinic and/or access any other health care facilities following the incident?

Yes No

Provide details of where you attended and who you saw for treatment at the time of this incident; and similarly for any follow up treatment required.

Yes

No

12

### Section D – Any other relevant information in respect of presence at the incident

Please provide any additional information which has not been covered under Parts A, B or   
C above and which supports your application in respect of confirming presence at the incident (see guidance)

13

## PART 3: PERMANENT INJURIES SUSTAINED

### In order to assess the victim’s permanent physical and/or psychological injury/injuries, illness and/or condition, please provide as much detail below in support of this application. If the victim sustained scarring, please detail the location, nature, prominence and size of the scarring, and provide photographs if available.

### Where you are making an application in respect of more than one incident, in so far as possible, please provide the information set out above for each incident.

Please indicate the type of permanent injury/ injuries sustained.

Psychological Physical Both psychological and physical

Please provide full details below:

14

**The questions below ask for further details about the above injury/injuries/illness/condition(s).**

Was a diagnosis made?

Yes No

If yes, please provide details, including who made the diagnosis and when.

What medication does the victim currently take?

What symptoms does the victim currently have?

15

What impact does this have on the victim’s activities of daily life?

What medical or other treatment, therapy or care did the victim receive?

## 

## If deemed necessary to establish or confirm a diagnosis, would you be willing to undertake an assessment by an appointed psychiatrist/psychologist

No

Yes

## 16

# PART 4 – SUPPORTING INFORMATION

# Section A – Supporting evidence currently in your possession

## You need only submit supporting evidence you currently have in your possession as VPB has arrangements in place with partner organisations (see list in Guidance) to obtain, where possible, further information and evidence on your behalf.

If you have the following documents, these may support your application:

Confirmation **of presence at a Troubles-related incident(s)**. This might include, for example, police reports, media/newspaper clippings, previous compensation awards.

**Medical records**, relevant to the permanent physical and/or psychological injury/injuries, illness and/or condition caused by the Troubles-related incident(s). These might include, for example, GP records, consultant or hospital referrals. Where possible, please include dates of attendance.

### Please list and number the supporting documents in the table below; provide a brief description of each; and remember to send copies as original documents cannot be returned.

|  |
| --- |
| Type of Document |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Please tick this box if you are not able to provide supporting information:

## 17

## Section B: Other potential sources of supporting documentation

### Supporting information/documentation may also be available from the following sources.

Please provide the following information, in relation to the victim: GP name:

GP practice:

GP address:

GP telephone:

Provide names and contact details of clinicians (including any private health care provider) who have provided treatment/ therapy/care to the victim:

18

Has the victim received support from an employer in relation to the injury/injuries/illness/ condition(s) e.g. workplace adjustments, aids or adaptations?

Yes No If yes, please provide details:

Has the victim received support from a

victim, community or voluntary organisation? Yes No

If yes, please provide details:

19

## PART 5: OTHER PAYMENTS AND PAST COMPENSATION Section A: Other payments in respect of the same disablement

### Please provide information about any other prior or ongoing payments that have been made to the applicant or the victim (in the case of a posthumous application) in relation to the injury/injuries/ illness/condition(s). A list of payments which are deemed relevant in respect of adjusting victims’ payments is provided in the Guidance.

Has the applicant or victim been in receipt or do they currently receive any payments/pensions in relation to the permanent injury/injuries/ illness/ condition(s)

e.g. public sector injury award, war pension, injured on duty award, or industrial injuries

disablement benefit? Yes No

If yes, please provide details *(including reference numbers if known)*

How much has been/is being received?

Dates payments/pensions first received:

Where payment is continuing, please provide details of amount received:

20

**Section B – Past Compensation**

Please provide information about any past compensation that has been paid to the applicant or the victim (in the case of a posthumous application) in relation to the injury/injuries/illness/condition(s).

Has the applicant or victim applied for compensation under the Criminal Injuries Compensation Scheme in relation to the injury/injuries/illness/condition(s)?

Yes No

If yes, please provide as much information as possible, including reference number(s), outcome of application, amount awarded and date of payment.

Has the applicant or victim previously received any compensation in relation to the injury/injuries/ illness/conditions(s):

* in court proceedings in respect of a claim:

Yes No

* in settlement of a claim (whether or not the claim was brought before a court):

Yes No

* under any other statutory scheme:  
    
   Yes No

If yes, please provide as much information as possible, including reference number(s), amount, date and particulars of compensation received.

**When responding to the next question**, please read the relevant section of the Guidance.

Are there any other factors you consider relevant to the payment of compensation that you would wish to have taken into account?

21

## PART 6: NOMINATION FOR TRANSFER OF ENTITLEMENT ON DEATH

### The applicant can nominate a spouse, civil partner, co-habiting partner or unpaid carer to receive victims’ payments upon the death of the applicant for the period of 10 years beginning with the date of death. To nominate the person you wish to receive payments (if entitled), please provide the following details.

Please note that this section is not applicable if you are making a posthumous application.

Nominee first name(s):

Nominee last name:

Nominee address:

Nominee’s relationship to the applicant:

Please attach a copy of any supporting documentation to evidence the relationship between the nominee and the applicant. If a carer has been nominated, evidence is required of the nominee providing regular and substantial care to you. See Part 1, Section D of this Form for proof of identification.

Please note, you can nominate a different person to receive victims’ payments should there be a change of circumstances.

Postcode

22

## PART 7: INFORMATION REGARDING CONVICTIONS

### Under regulation 6, a person is not entitled to victims’ payments in respect of a Troubles- related incident if:

### the victim has a conviction (whether spent or not) in respect of conduct which caused, wholly or in part, that incident: or

### the Board considers the person’s “relevant conviction” makes entitlement inappropriate.

### See Guidance for further information about convictions, including the definition of “relevant conviction”.

**Does the victim have a conviction(s) in respect of conduct which caused, wholly or in part, the incident as at (a) above?**

If so, please specify the country of conviction and provide details of each conviction including the offence and date it was committed, court venue and sentence imposed:

**Does the victim have a relevant conviction(s), as at (b) above?**

If so, please specify the country of conviction and provide details of each conviction including the offence and date it was committed, court venue and sentence imposed:

Please provide below any further information you would request to be taken into account regarding the victim’s relevant conviction(s) (please read the relevant section of the Guidance):

23

## PART 8: ADDITIONAL INFORMATION

### Please provide below any additional information which has not already been provided and which is relevant to your application (see Guidance).

**Section 3- Additional documentation**

If you are providing additional documentation not referenced elsewhere, please list and number the documents in the space below; provide a brief description of each; and remember to send copies as original documents cannot be returned.

24

# PART 9 – HOW DID YOU HEAR ABOUT THE SCHEME

Where did you/the applicant hear about the Scheme?

VPB Website/Leaflet

Newspaper article

Television programme

Social Media

Victim, Community or Voluntary Group

GP or other Health or Social Care Professional

Friend or family member

Other

If other, please specify:-

# 25

# PART 10 – DECLARATION

### Please read the declaration carefully before signing. If the applicant is under 18 or is unable to handle their own affairs, the person making the claim on their behalf must sign the Form.

* I declare the information I have given is true and accurate to the best of my knowledge and belief.
* I will advise the VPB of any changes in my circumstances, or in the details I have provided.
* I understand if any information on this Form is incorrect or provided fraudulently, 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 VPB’s Fraud Prevention Policy.

* I agree to give the VPB full assistance in the processing of this application.
* I understand the VPB, and agents acting on behalf of the Board, may request the following:
  + relevant medical records, notes and reports from medical practitioner/s attended by the applicant or victim (in the case of a posthumous application), including GP records and counselling notes;
  + copies of the victim’s criminal record (if any), and any relevant police records including witness statements;
  + information which is relevant to your application from any other source.
* I understand the information I have provided may be given to relevant departments

/ agencies for the following purposes:

* + processing your application;
  + 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 – by signing the declaration you understand all the points above. Applications will not be accepted without a signed declaration.

Signed

Printed (block capitals): Date: (DD/MM/YYY)

26

### Returning this application form

Please mark completed forms **Strictly Private and Confidential** and return to:

**PO Box 2305 BELFAST**

**BT1 9AX**

27

### VICTIMS’ PAYMENTS BOARD PRIVACY NOTICE:

Data Controller Name: Address:

Telephone: Email:

DPO Email:

[DataProtectionOfficer@justice-ni.gov.uk](mailto:DataProtectionOfficer@justice-ni.gov.uk)

[vpb@justice-ni.gov.uk](mailto:vpb@justice-ni.gov.uk)

0300 200 7808

PO Box 2305

Belfast BT1 9AX

Victims’ Payments Board

**Why are you processing my personal information?**

Personal information is processed for the consideration of the Troubles Permanent Disablement Payment Scheme. The Scheme administers applications under the following legislation:

* The Victims’ Payments Regulations 2020

The lawful basis in a UKGDPR context for processing the personal information associated with an application is Article 6(1)(c) and (e) – *legal obligation and public task.*

The lawful basis in a UKGDPR context for the processing of the special category data associated with an application is Article 9(2)(f) – *legal claims or judicial acts.*

The lawful basis for the disability assessment is UKGDPR Article 6(1)(b) -*performance of contract.*

### What categories of personal data are you processing?

We process the following categories of personal data:

* Name
* Address
* Email address
* Date of birth
* Bank details
* National insurance number
* Criminal convictions
* Medical history
* Healthcare number
* Personal information related to the Troubles-related incident

### Where do you get my personal data from?

This information is obtained from the original Application Form submitted by the applicant or their nominated representative. Personal data is also obtained from medical practitioners, PSNI, HMRC, the Department for Communities and other government departments, and from any other sources relevant to the determination of this application.

28

### Do you share my personal data with anyone else?

* We may share your data with the PSNI, Department for Communities and HMRC for the prevention or detection of crime.
* We may also share your information with medical practitioners, legal experts and other government departments in the processing of your application.

### Do you transfer my personal data to other countries?

Sometimes it may be necessary to transfer personal information overseas. When this is a requirement, information may be transferred to countries or territories around the world. Any transfers made will be in full compliance with all aspects of the GDPR.

### How long do you keep my personal data?

We will only retain your data for as long as necessary to process your claim and in line with our retention and disposal schedule.

### What rights do I have?

### Under certain circumstances, by law, you have the right to:

* obtain confirmation that your data is being **processed, and to access your personal data**;
* have your personal data **rectified if it is inaccurate or incomplete**;
* have your personal data erased and to prevent processing, **in specific circumstances**;
* ‘block’ or suppress processing of personal data, **in specific circumstances**;
* data portability, **in specific circumstances**;
* object to the processing, **in specific circumstances**;
* not be subject to **automated decision making and profiling**.

### However, you should note, under Schedule 2 to the UK GDPR, the VPB is exempt from some of the above rights when exercising its decision-making function in a judicial capacity, or to the extent complying with the right would be likely to prejudice judicial independence or judicial proceedings. Each request will be determined on a case-by-case basis.

### 

### 29

### How do I complain?

If you are not satisfied with any of the information contained in this privacy notice, or how your personal information may be processed, please contact Department Data Protection Officer at DataProtectionOfficer@justice-ni.gov.uk

If you remain dissatisfied with the response to your complaint, you have the right to lodge a complaint with the Information Commissioner’s Office (ICO):

Information Commissioner’s Office (NI) Information Commissioner’s Office  
3rd Floor Wycliffe House

14 Cromac Place Water Lane

Belfast Wilmslow

BT7 2JB Cheshire

SK9 5AF

Tel: 028 9027 8757 Tel: 0303 123 1113

Email: [ni@ico.org.uk](mailto:ni@ico.org.uk) Email: [casework@ico.org.uk](mailto:casework@ico.org.uk)

30