



TROUBLES PERMANENT DISABLEMENT PAYMENT SCHEME

APPLICATION TO APPEAL

Please read the following important information before completing the Application

General Information

1. This Application Form (the Form) must be completed in order to appeal against a decision by the Victims' Payments Board (VPB) under the Victims' Payments Regulations 2020 (the Regulations).
2. The VPB has published Guidance to assist you in completing the Form. The Guidance can be obtained [here](#). Please read the Guidance **IN FULL** before completing the Form. Further information can also be found on the [VPB website](#).
3. Under regulation 24(7), if you have been paid a lump sum, you have no further entitlement to victims' payments and you may NOT bring an appeal.
4. Your appeal must be made within **12 months** from the date on which you were notified of the panel's decision.
5. An appeal can only be brought against the original application as considered and decided by the panel. Any additional incident/s not previously considered must be submitted as a fresh application to the Scheme and will be processed accordingly.
6. Under regulation 34(1), you may appeal against:
 - a) a decision regarding a posthumous application being made by more than one person;
 - b) entitlement to payment (single incident case);
 - c) entitlement to payment (multiple incident case);
 - d) a decision regarding the degree of disablement;
 - e) a decision regarding an interim assessment;
 - f) the amount of payments payable;
 - g) a decision made or varied on review.
7. We may need to contact relevant statutory organisations to process your application. 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.
8. The Form will not be accepted without a signed declaration.

9. We recognise the importance of keeping 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](#).
10. Free support services are available to assist you with your appeal - see Annex A of the Guidance.

How to complete the Form

- If completing the Form in writing, please use black ink and block capitals.
- Please read the [Guidance](#) before completing the Form.
- Once completed, the Form should be signed and forwarded in electronic format to vpb.appeals@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.

SECTION 1 - APPELLANT'S PERSONAL DETAILS

A - Appellant details

First name(s):	
Last name:	
Current address:	
VPB Reference Number	
Preferred contact number:	
Email address: (if applicable)	

B - Acting on behalf of the Appellant

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 completing the Appeal Form on behalf of the person whose details are set out at section 1A of the Form.

First name(s):

Last name:

Current Address:

Relationship to Appellant:

Preferred contact number:

Email address (if applicable):

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

Yes ☐

No ☐

An application on an Appellant's behalf must be supported by the following attachments:

☐ Evidence of authority to act on behalf of the Appellant

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

SECTION 2 - ABOUT THE DECISION BEING APPEALED

What is the date of the letter from the VPB notifying you of the decision(s) you are now seeking to appeal?

SECTION 3 - ABOUT THE APPEAL

Reasons for appeal

In the section below, **please tick the decision(s)** against which an appeal is brought and **provide reasons** why you consider the decision of the panel should be overturned. Continue on a separate sheet if necessary and include as much supporting evidence as you can.

If you are appealing a decision regarding your entitlement to payment in a multiple incident case, please specify the incident(s) you disagree with. Please note, however, it will be for the appeal panel to determine the incident(s) in relation to which you are entitled to victims' payments and the **panel may reconsider an incident(s) for which you were previously considered to be eligible.**

Please be aware, where an appeal is against assessed degree of disablement and/or the amount of victims' payments payable, an appeal panel may confirm, increase or decrease the assessed degree of disablement and/or the amount of victims' payments.

- ☐ a decision regarding a posthumous application being made by more than one person;
- ☐ entitlement to payment (single incident case);
- ☐ entitlement to payment (multiple incident case);
- ☐ a decision regarding the degree of disablement;
- ☐ a decision regarding an interim assessment;
- ☐ the amount of payments payable;
- ☐ a decision made or varied on review.

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

Type of Document

SECTION 4 - ABOUT THE APPEAL CONTINUED - LATE APPEAL

Your appeal must be made to the VPB no later than 12 months from the date on which the decision you are appealing against was notified to you.

Is your appeal late?

Yes

☐

No

☐

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

SECTION 5 - THE HEARING

The appeal panel may make a paper-based decision regarding the appeal or it may consider an oral hearing should be held where the appellant reasonably requests an oral hearing or the panel considers it necessary in the interests of justice.

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 ☐

Do you need any reasonable adjustments or special requirements to facilitate your attendance at the hearing?

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:

Dialect:

Oral Hearings can be held at a range of venues across Northern Ireland. Please advise VPB of any specific additional needs you may have (i.e. mobility or restrictions in relation to travel). You may also indicate a preference for either a City Centre or regional venue - the VPB will make all reasonable efforts to arrange a venue suitable to your needs.

SECTION 6 - DECLARATION

Please read the declaration carefully before signing. If the appellant 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 tell the VPB if my circumstances change, or if there are any changes 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 Anti-fraud 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 appellant, including GP records and counselling notes;
 - copies of the appellant'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:
 - 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

Printed (block capitals):

Date:

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Returning the Form

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