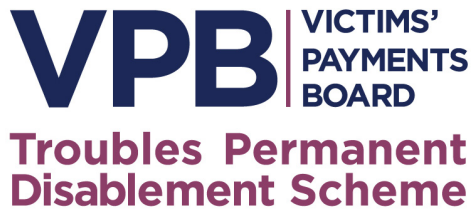


Official Use Only:  
  
VPB:



# TROUBLES PERMANENT DISABLEMENT PAYMENT SCHEME

## APPLICATION FORM

Please read the following important information before filling in the form

### General Information

1. This application form must be completed to make a claim under the Troubles Permanent Disablement Payment Scheme.
2. The Victims' Payments Board has published **Guidance Notes** containing information to assist you in completing the application form. Please read this information before completing the application form. Further information can also be found on the Victims' Payments Board website: [www.victimspaymentsboard.org.uk](http://www.victimspaymentsboard.org.uk)
3. We appreciate that recounting information required to complete the 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.

Official Use only:			
	Data Capture	Scanned	Date Received
Date			
Initials			

5. If you are applying in relation to multiple incidents, please use a single form and detail all separate incidents individually and chronologically. Please note, however, that the application **can** include **all** relevant Troubles-related injuries that you consider have resulted in permanent disablement.
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. Application 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. The Victims' Payment Board Privacy Notice is attached at the end of this Application Form and is also available 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 application form as this includes useful information regarding what is required in each part of the form.
- You **must** complete and sign the declaration (which can also be completed electronically) and return the completed application form, along with the supporting documentation of identification and any other supporting documentation 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 may benefit if an award is made under the Troubles Permanent Disablement Payment Scheme.)

First name(s):	<input type="text"/>
Last name:	<input type="text"/>
Other given (name(s):	<input type="text"/>
Any former name(s) by which the beneficiary was known (if applicable):	<input type="text"/>
Date of birth: dd/mm/yyyy	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance Number (UK Resident only):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Current address:	<input type="text"/>
Preferred contact number:	<input type="text"/>
Email address (if applicable):	<input type="text"/>
Does the Beneficiary suffer from a terminal illness?	Yes      No

If you tick yes, you **must attach a copy of any supporting documentation** of the above condition. This may include a letter from a GP or hospital.

## B – Acting on behalf of the Beneficiary

Please complete this section **only** if applying on behalf of the person whose details have been set out in Section 1A above

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 ( <i>if applicable</i> ):	<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"/>

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

## C – Applying on behalf of someone who was severely injured and has since passed away on or after 23 December 2004

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

Beneficiary's relationship to the deceased:	<input type="text"/> (must be either spouse, civil partner, co-habiting partner or carer)
Their first name(s):	<input type="text"/>
Their last name:	<input type="text"/>
Any former name or names by which they were known (if applicable):	<input type="text"/>
Their date of birth: dd/mm/yyyy:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Their National Insurance Number (if known) (UK Resident only):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of death: dd/mm/yyyy:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## D – Current proofs of ID

To validate the application it **must** be supported by copies of the relevant forms of identity documentation (for example, driving licence, passport, birth / death certificate). These copy documents must be appropriately certified – see guidance notes for more details on how to certify the documents.

An application under **section A, B or C must** be supported by **ALL** of the following attachments:

- Certified copy of the beneficiary's birth certificate;
- Certified copy of photographic identity of beneficiary;
- Proof of any name change since the incident / injury occurred.

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

- Certified copy of deceased's birth certificate;
- 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 beneficiary and the deceased.

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

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 – SUPPORTING INFORMATION

### Part 1: Supporting Information already held (See Guidance Notes)

It is not necessary for you to seek additional information in support of your application as the Victims' Payments Board can do this on your behalf. You should submit along with your application any relevant supporting information that **you currently hold** in relation to:

- Confirmation **of presence at the Troubles-related incident(s)** where the permanent injury/injuries were sustained, including police reports, media/newspaper clippings, previous compensation awards etc.
- Medical records**, relevant to the permanent injury/injuries sustained by the Troubles related incident including GP, consultant or hospital referrals etc.

**Please do not seek any additional information from GPs, Health Trusts, Police, PRONI, etc as arrangements have been established by the Victims' Payments Board to formally request this information, as required, in processing the application.**

**Please list the supporting documents you have provided, along with a brief description of each in the table below. Please send copies as originals cannot be returned.**

Type of Document

- If there is no supporting information available, please tick this box.

Please note, you can still apply without any supporting documentation as noted above. However, **the burden of proof rests with the applicant (i.e. it is your responsibility to ensure that the level of information is provided in order for an application to be considered under this scheme)**. The Victims' Payments Board can obtain supporting information by contacting various relevant statutory organisations to process your application.

By signing the declaration within this application you are indicating that you understand that the Victims' Payments Board may request information in line with Article 6(1)(e) of UK GDPR (See Section 3 – *Declaration and Guidance Notes*).

## Part 2: Presence at a Troubles-related incident

To support this application we must be able to identify at least one Troubles-related incident at which the victim sustained permanent injury/injuries. We need to be able to confirm that the victim was present at, or in the immediate aftermath of, the incident(s).

If the exact date of the incident(s) is unknown, please provide as much detail as possible.

### A – Incident(s) Details

\*if there is sufficient supporting documentation provided under **Part 1** which already provides this detail, please refer to this here

Date of incident(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location of incident(s)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Brief description of what happened

<input type="text"/>
----------------------

What was the address of the victim at the time of the incident?

<input type="text"/>
----------------------

## B – Reporting of Incident

Was the incident reported to Police?

Yes  No

If yes, please provide details (including police station reported to and any statements made):

## C – Evidence from doctors and other health and social care professions

We may also be able to confirm presence at a troubles-related incident from medical notes taken at the time.

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

Yes  No

If yes, please provide details:



**D – Any other relevant information (see guidance notes)**

Please provide any further additional information which has not been covered by A, B or C above and which may confirm presence at a Troubles-related incident(s)

A large empty rectangular box with a thin black border, intended for providing additional information.

### Part 3: Permanent Injuries sustained

In order to assess the victim's permanent injury/injuries, please provide as much detail below to support this application:

Please indicate the type of permanent injury/ injuries sustained.

Psychological

Physical

Both psychological and physical

Please provide detail of physical and/or psychological trauma/distress.

Was a diagnosis made for the health condition or disability caused by the Troubles-related incident?

Yes  No

If yes, please provide details. If no, please advise why no disability or condition was diagnosed.

If applicable, please provide details of any symptoms relating to the victim's injury and the difficulties and /or problems caused day to day.

Please provide details of any changes experienced by the victim (for better or worse) to the symptoms and / or related problems.

Did the victim receive any medical or physical treatment, or any other therapy or care for their injury/injuries and related disability?

Yes  No

If yes, please detail any such treatment.

## Part 4: Other potential sources of supporting documentation

The following sources may also hold supporting documentation which might help with this application.

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

GP name:

GP practice:

GP address:

GP telephone (if you know it):

Please provide names and contact details of key clinicians who supported the victim through the injury attributable to the Troubles-related incident:

Please provide the name and address of any private health care provider (if applicable)

Name:

Address:

Has the victim/beneficiary ever received support through the Victims and Survivors Service (VSS)?

Yes

No

If yes, please provide details of VSS support:

Has the victim ever received support from an employer in relation to the permanent injury/injuries e.g., workplace adjustments, aids or adaptations?

Yes

No

If yes, please provide details:

Has the victim/beneficiary received support from a victims, community or voluntary organisation?

Yes

No

If yes, please provide details of victims, community or voluntary organisation support:

Has the victim claimed or received any disability payments or benefits for the permanent injury/injuries being applied for?

Yes

No

If yes, please provide details:

Has the victim made a claim (for the permanent injury/injuries being applied for) through the Criminal Injuries Compensation Scheme?

Yes

No

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

Has the victim previously received any court award, or settlement out of court (for the permanent injury / injuries applied for)?

Yes

No

If yes, please provide details of the court award or out of court settlement:

## Part 5: Any Other Prior and/or Ongoing Payments

Please provide information about any other prior or ongoing payments that have been made to the victim (or beneficiary, if applicable) in respect of the permanent injury/injuries applied for within this application. A list of relevant payments required is noted within the guidance notes.

Has there been any other previous payments/pensions received in relation to the permanent injury/injuries 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 was received?

When was the payment/pension received?

Are there any other factors that the Victims' Payments Board should be aware of when considering this payment/pension?

## Part 6: Nomination for transfer of entitlement on death

On the death of a person who may be entitled to a victims' payment, the beneficiary can nominate a spouse, civil partner, co-habiting partner or carer to receive continuing payments for a period of 10 years, beginning with the date of death. To nominate the person you wish to transfer payments to (if entitled), please provide the following details.

Please note that this section is not applicable if you are applying on behalf of a deceased victim.

Nominee First Name(s):	<input type="text"/>
Nominee Last Name:	<input type="text"/>
Nominee address:	<input type="text"/>
Nominee's Relationship to the beneficiary (this can be a spouse, civil partner, co-habiting partner or carer):	<input type="text"/>

If a nominee has been provided above, please attach a copy of any supporting documentation to evidence the relationship of the nominee to the beneficiary. If a carer has been nominated, evidence of regular and substantial care must be provided.

Please note, changes can be made to the above nominee details should there be a change of circumstances in the future.

## **Part 7: Any other relevant information**

**Please provide any further additional information which has not been covered to support this application below (see guidance notes).**

**If attaching additional information please provide a brief description of each 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 3 – 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 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 some or all of the payments, otherwise entitled to be received, may have to be repaid. 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:
  - From 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"/>

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

## Returning this application form

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

**PO Box 2305  
BELFAST  
BT1 9AX**

## VICTIMS' PAYMENTS BOARD PRIVACY NOTICE:

Data Controller Name:	Victims' Payments Board
Address:	PO Box 2305 Belfast BT1 9AX
Telephone:	0300 200 7808
Email:	vpb@justice-ni.gov.uk
Data Protection Officer Name:	DoJ Data Protection Officer
Email:	dataprotectionofficer@justice-ni.gov.uk

### Why are you processing my personal information?

Personal information is processed for the consideration of the Troubles Permanent Disablement Payment Scheme. The Department of Justice has been nominated by The Executive Office to process claims under [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)(e) – *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)(c) – *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
- 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 victim / beneficiary or their nominated representative. Personal data is also obtained from medical practitioners, PSNI, Department for Communities, HMRC and from any other sources or government departments which are relevant to this application.

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

## 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 or in the interests of good administration of the Scheme.

## 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?

- You have the right to obtain confirmation that your data is being **processed, and access to your personal data;**
- You are entitled to have personal data **rectified if it is inaccurate or incomplete;**
- You have a right to have personal data erased and to prevent processing, **in specific circumstances;**
- You have the right to ‘block’ or suppress processing of personal data, **in specific circumstances;**
- You have the right to data portability, **in specific circumstances;**
- You have the right to object to the processing, **in specific circumstances;**
- You have the right in relation to **automated decision making and profiling.**

## 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 in the first instance the Department Data Protection Officer at [dataprotectionofficer@justice-ni.gov.uk](mailto: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 –  
Northern Ireland  
3rd Floor  
14 Cromac Place  
Belfast  
BT7 2JB

Tel: 028 9027 8757

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

Information Commissioner’s Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Tel: 0303 123 1113

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

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