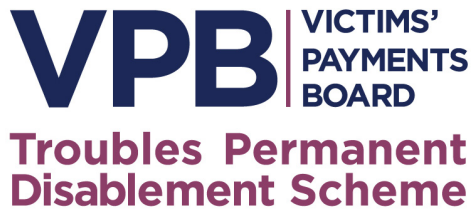


Official Use Only:

VPB:



TROUBLES PERMANENT DISABLEMENT PAYMENT SCHEME

APPLICATION FOR FURTHER ASSESSMENT WHERE CONDITION WORSENS

Please read the following important information before filling in the form

General Information

1. This request form must be completed to apply for a further assessment of your degree of disablement if your condition worsens following an award or prior assessment under the Troubles Permanent Disablement Payment Scheme. **Please note you can make an application for further assessment only once. Your application can be made at anytime, but must be within 12 months of the date on which the worsening began and your application must include supporting information to substantiate the worsening of your condition.**
2. An application for further assessment cannot be made if you have received a lump sum payment in respect of your initial application.
3. 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.

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

4. 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.
5. 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.
6. Decisions by the Victims’ Payments Board will be made on the balance of probabilities. It is your responsibility to ensure that sufficient, relevant information is provided to support a review of an award made under this Scheme.
7. 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. This form will not be accepted without a signed declaration.
8. 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.
9. For the purpose of completing this form, please note the following:–
 - Victim:** person who was permanently injured (as a result of a troubles-related incident, or by being present in the immediate aftermath 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 before completing this 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 whose injuries were previously assessed under this Scheme, and who benefited from an award, and is now applying for a further assessment of their permanent disablement.)

| | |
|--|---|
| First name(s): | <input type="text"/> |
| Last name: | <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"/> |
| Current address: | <input type="text"/> |
| Victims' Payment Claim 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, only complete this section if you are now applying 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 <i>(if applicable)</i> : | <input type="text"/> |
| Have you been appointed controller or have you power of attorney? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please provide information as to the reasons you are applying on an applicant's behalf? | <input type="text"/> |

An application on a beneficiary's behalf must be supported by the following attachments:

- 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 – GROUNDS FOR FURTHER ASSESSMENT

An application for further assessment where disablement condition worsens can be made only once. Please tick this box to confirm this is the first request for a further assessment

In this section we need to know how your disablement (or that of the person on whose behalf you are applying), sustained as a result of the Troubles-related incident(s) on the original scheme application, has worsened. In particular:

- The date (or approximate date) on which the worsening of your condition began.
- How has your permanent disablement become worse since your first assessment?
- Has your treatment changed since your first assessment?

You must enclose any medical documentation to support your application for a further assessment. Supporting documentation should include confirmation of the approximate date on which your condition worsened.

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

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

If you (or the person you are applying on behalf of) are suffering from a terminal illness, the Victims' Payments Board can prioritise your application.

Do you (or the person you are applying on behalf of) suffer a terminal illness as described above?

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.

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 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:
 - 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**