

ADULT SURVIVOR'S SPECIAL / AUGMENTED AWARD

Adult Survivor's Special/Augmented Pension Award can be applied for by a surviving spouse, civil partner or adult partner of a police officer who dies, or has died, as the result of an injury received without his own default in the execution of his/her duty.

Under the relevant legislation, the Northern Ireland Policing Board is required to determine if the relevant medical conditions satisfied the criteria for an award. In order to assist the Board in making a decision your application will be referred to a Selected Medical Practitioner (SMP) to seek their medical opinion.

The SMP will provide an opinion based on the medical evidence and employment records available. As the legally recognised next of kin, your signed consent is needed to permit the SMP to request such medical information as is deemed necessary.

On completion of the assessment, the SMP will issue a report to the Board. Injuries arising in the execution of duty and medical conditions contributing to the death of the officer will be described.

DECEASED OFFICER DETAILS:

Name:

Rank and Force Number:

Address (incl. postcode):

Date of birth

National Insurance Number:

NATURE OF ILLNESS AND CAUSE OF DEATH:

Please provide details in the box below of the injury/injuries received by the former officer in the execution of his/her duty and the circumstances leading up to their death.

Where available please enclose copies of any relevant medical reports with your completed application

MEDICAL EVIDENCE

The Selected Medical Practitioner (SMP) needs to consider all relevant evidence prior to providing an opinion to the Board on your application. Please list below, in the sections provided, details of the medical practitioner(s) whom the former officer attended for treatment and/or assessment of his/her medical condition(s).

| | NAME | PRACTICE/HOSPITAL ADDRESS | APPROXIMATE DATES ATTENDED |
|--------------------------------------|------|-------------------------------------------------------|----------------------------|
| General Practitioner | | | |
| Specialist (please specify) | | | |
| Specialist (please specify) | | | |
| Specialist (please specify) | | | |
| Specialist (please specify) | | | |
| Occupational Health Physician | | Occupational Health & Welfare, Seapark, Carrickfergus | |

Has a post mortem been performed? Yes No

If Yes: (a) where was the post mortem performed: _____

(b) on what date was it performed _____

Do you possess a copy of the coroner's report? Yes No

If Yes please provide a copy of the coroner's report as part of this application.

DECLARATION

I have read and understood the Board’s guidance outlining the procedure to determine entitlement to an Adult Survivor’s Special/Augmented Pension Award. I agree to the Selected Medical Practitioner (SMP) considering my application in order to provide a medical opinion to the Board to assist it in making a decision.

Signed: **Date:**

*Widow(er)/Civil Partner/Adult Partner

All correspondence in relation to this application will be issued to the address provided unless you appoint a legal representative to act on your behalf and the following section is completed:

I confirm (insert name of applicant)

is the Widow(er)/
Civil Partner/Adult
Partner of

who died on

Signed: **Dated:**
Legal representative

Full name:

Address of legal practice
(incl. postcode)

**Please delete as appropriate*

Any information collected as a result of this consent form will only be disclosed to those involved in this process. All personal information held by the NIPB is processed in accordance with the Data Protection Act 1998.

Please return this form to: Police Administration Branch, Northern Ireland Policing Board, 4th Floor Waterside Tower, 31 Clarendon Road, Clarendon Dock, Belfast, BT1 3BG

PROTECT – MEDICAL

