

PROTECT – MEDICAL



RA4

**RETROSPECTIVE INJURY ON DUTY – CONSENT TO  
RELEASE MEDICAL AND NON MEDICAL INFORMATION  
TO SELECTED MEDICAL PRACTITIONER**

I hereby give permission for the POLICE SERVICE OF NORTHERN IRELAND LEGAL SERVICES BRANCH to release to the Northern Ireland Policing Board all relevant medical and non-medical evidence relating to my Hearing Loss Civil Action Case in order that they can forward it to the Selected Medical Practitioners for consideration. Medical evidence will be placed in a sealed envelope addressed to the SMP.

Please tick the appropriate box

YES

NO

Name (block letters)	_____
Signed	_____
Former Rank	_____
Service Number	_____
Date	_____

***All information should be returned to Northern Ireland Policing Board  
Administration Branch, 4<sup>th</sup> Floor, Waterside Tower, 31 Clarendon Road,  
Belfast BT1 3BG and will be treated in strict confidence***

**Any information collected on this form will only be used for the determination of your retrospective application and only disclosed to those involved in this process.**

**All personal information held by the NIPB is processed in accordance with the Data Protection Act 1998.**