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 application for an award in order that they can forward it to the Selected Medical Practitioners. Medical evidence will be placed in a sealed envelope addressed to the SMP.

Please tick the appropriate box			
	YES		
	NO		
Name (block letter	's)		_
Signed			-
Former Rank			-
Service Number			-
Date _			-

All information should be returned to Northern Ireland Policing Board Administration Branch, 4th 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.

Record No: 56502 amended Jan 12

PSNI Legal Services Consent