

MEDICAL REPORT CONSENT FORM (APPEAL)

NAME: _____

ADDRESS: _____

POSTCODE: _____

DATE OF BIRTH: _____ **SERVICE NO:** _____

I hereby **GIVE/ DO NOT GIVE (delete as appropriate)** permission for the Selected Medical Practitioner to the Policing Board to provide a report on my medical conditions outlining the background to their recommendations regarding the award of medical retirement pension/injury award and in addition to provide copies of third party medical reports considered in their assessment, both to myself and all Independent Medical Referees considering my appeal.

Alternatively, if my case is to be heard by a Medical Appeal Tribunal, I **GIVE/ DO NOT GIVE (delete as appropriate)** permission for the report as detailed above and any additional third party medical reports considered in the assessment by the Selected Medical Practitioner to be copied solely for the purposes of this hearing. In this regard in addition to one copy being sent to myself or my legal adviser I consent to copies being made available to members of the Medical Appeal Tribunal.

Signature: _____ **Date:** _____

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

Any information obtained 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.