

**FORM A**  
**APPELLANT'S STATEMENT OF GROUNDS OF APPEAL**  
**Page One**

**THE POLICE PENSIONS REGULATIONS 1987**  
**Regulation H2 - Appeal against opinion on a medical issue**

**To the Clerk, ..... Police Authority**

***Complete both pages of the form. If there is insufficient room for all the information required, continue the details on to an additional piece of paper and attach to this form.***

1. I wish to appeal to the Police Medical Appeal Board, under Regulation H2 of the Police Pension Regulations, against the Selected Medical Practitioner's opinion dated –

*Give date of opinion .....*

2. The reasons or grounds for my appeal are as follows –

.....  
.....  
.....  
.....

*Set out above, in your own words, the part(s) of the Selected Medical Practitioner's opinion with which you disagree, and the immediate reasons why. Do not attempt to set out a full statement of your case now. You will have an opportunity for that before the hearing. However, it would be helpful if you could include any key factual issues in support of your case here. Awareness of these issues by all parties will help the appeal process and may, in some cases, lead to internal resolution of the dispute without a need for an appeal hearing.*

3. I attach the following supporting documents –

.....  
.....  
.....

*You are under no obligation to submit supporting documents at this stage. You may, however, wish to submit them now if they might help to resolve this dispute without need for an appeal hearing.*

4. The following specialists have treated me for the condition in question –

.....  
.....

*Give the names of any specialists that have treated you for your medical condition – this is to avoid such a person being appointed to the Board for the appeal hearing*

5. Dates when I or my representative would not be able to attend a hearing over the next 5 months are as follows –

.....  
.....

*Hearings are normally arranged about 2 months ahead, but can be arranged sooner if both parties agree. It will help the Board to complete your appeal without unnecessary delay if there is a limited number of dates when you would not be able to attend. If the Board's administration team are unable to contact your representative, they will get in touch with you directly.*

*If it proves difficult to fix a date acceptable to both parties and their representatives, the Board's administration team will arrange a conference call with all those involved to find a way forward.*

## Form A – Appellant's Statement of Grounds of Appeal

### Page Two

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I consent / do not consent (*delete as appropriate*) for my Occupational Health File to be released to the Police Medical Appeal Board. I also consent / do not consent (*delete as appropriate*) for any medical reports or records which I may consent to be released to the Selected Medical Practitioner for the purposes of resolving the issue under Regulation H3 to be released to the Board.

My consent is given on the understanding that all such documents will be used solely for the purpose of determining the appeal. I understand that withholding my consent will make it harder for the Board to reach a decision and may lead the Board to conclude that I am concealing information detrimental to my case.

Signature .....Date .....

I do/do not wish to see a copy. (Please delete as appropriate)

#### Personal Details

Signature .....Date .....

*Complete the following details in block capitals –*

Full name.....

Rank .....Collar number .....

Date of Leaving Force (if applicable) .....

Address.....

Home telephone number .....Mobile telephone number.....

#### Representative's Details (*complete where applicable*)

I authorise the person named below to act as my representative in my appeal. Correspondence regarding my appeal will be sent to my representative and will be deemed to have been sent to me.

*Complete the following details in block capitals –*

Name.....

Position .....Telephone .....

Address.....

.....

My signature..... Date.....