

FORM B
APPEAL NOTIFICATION FROM POLICE AUTHORITY
TO POLICE MEDICAL APPEAL BOARD
Page One

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

To: Police Medical Appeal Board From:Police Authority

cc. Police Personnel Unit, Home Office

Date Our ref:

Full name of Appellant

The Appellant is a serving/retired* officer (*delete as appropriate*)

If retired, please state date of leaving service

Appellant's current rank/rank at point of leaving service

Appellant's date of birth

Appellant's contact details

Address.....

.....

Telephone - Home..... Mobile.....

Contact details of Appellant's Representative (to whom correspondence will be sent)

Name.....

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

Address

.....

The above-named Appellant is appealing to the Police Medical Appeal Board under Regulation H2 of the Police Pensions Regulations 1987, against the decision of the selected medical practitioner, as set out in a report dated.....

state medical issue under dispute:

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.....

.....

Enclosed please find a copy of: -

- The Appellant's notice of appeal
- Form A (including the appellant's statement of the grounds of appeal with supporting documents where given and consent form facilitating release of Occupational Health file and other relevant documents)
- The SMP's report with the decision under H1 against which the appeal is made.

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The SMP wishes/does not wish* to attend
Delete as appropriate or give an indication of when this information can be given

.....
Please indicate dates when the SMP would not be able to attend a hearing over the next 5 months –

.....
.....
Hearings are normally arranged about 2 months ahead, but can be arranged sooner if both parties agree. It will help the Board to complete the appeal without unnecessary delay if there is a limited number of dates when the SMP would not be able to attend. If your SMP is off for a long period (more than 2 weeks) when the Board's administration team are trying to co-ordinate the hearing, you may be asked to find a second SMP or another police authority doctor to act on the SMP's behalf.

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.

The following persons wish to attend on behalf of the Police Authority:
Please give full name and position of each and the capacity in which they propose to attend – e.g. medical or non-medical representative, indicating who will present the case for the Police Authority, or indicate when this information can be given:

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.....
.....
Please indicate dates when the Police Authority's representative would not be able to attend a hearing over the next 5 months –

.....
.....
Hearings are normally arranged about 2 months ahead, but can be arranged sooner if both parties agree. It will help the Board to complete the appeal without unnecessary delay if there is a limited number of dates when the Police Authority's representative would not be able to attend.

All documents attached are listed at the end of this form.

The Appellant has/has not* consented to disclosure of his/her occupational health file to the board. (*Delete as appropriate*) **Depending on the Appellant's consent** the file will be sent separately to the board chair.

We confirm that a copy of this form and accompanying documents has been sent to the Appellant together with Form C for the appellant to use in stating his/her case for appeal.

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For serving officers the appeal will normally be at the hearing centre nearest the force. For retired officers living in England and Wales the appeal will normally be held at the hearing centre nearest to the Appellant's home address, unless the Police Authority and the Appellant agree that the appeal should be held at another hearing centre. If such an agreement has been reached, please state the location of the hearing centre

Please specify if special arrangements will be needed at the hearing centre or if the board will need to consider a special venue on account of the Appellant's condition. *Please state reasons for considering a special venue.*

.....
.....
.....:

Signed Date

For (Police Authority)

Contact name

Position..... Telephone no.

Address.....
.....

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Name and rank of appellant

Enclosed for your attention are copies of the documents/records listed below. All medical documents have been placed in a sealed envelope marked with the contents –

No.	Date	Details of documentation
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

If necessary, continue the list on to an additional page and attach to this form

Signed Date

For(Police Authority)

Contact name Telephone no.

Address.....

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