

Vaccine Damage Payment Scheme



Department
for Work &
Pensions

Your claim form for a Vaccine Damage Payment

Complete this claim form if you believe you, or the person you are representing, are severely disabled as a result of vaccination. See **Part 3** for a list of vaccinations against the diseases covered by the scheme.

If you need help with completing this form, please contact the Vaccine Damage Payments Unit, where someone will be able to help you. The phone number is **01772 89 99 44**.

You must send the completed claim form to the Vaccine Damage Payments Unit to arrive no later than:

- the date the disabled person reaches the age of 21, **or**
 - if the disabled person has died, the date they would have reached the age of 21, **or**
 - the end of the 6-year period commencing on the date of vaccination to which the claim relates
- whichever is the latest.

Please tick one box.

If the disabled person is

- a child under the age of 16, or
 - aged 16 or over and unable to manage their affairs due to a mental health problem or learning disability
- someone must fill in the form on their behalf.

I am the disabled person.

Please go to **Part 2**.

I am filling in this form on behalf of the disabled person because they are under 16 years old.

Please tell us about yourself in **Part 1**.
Then tell us about the disabled person in the rest of the form.

I am filling in this form on behalf of the disabled person who is aged 16 or over because they are unable to manage their affairs due to a mental health problem or learning disability.

Please tell us about yourself in **Part 1**.
Then tell us about the disabled person in the rest of the form.

VAD1A 04/16

Part 1 – About you if you are **not** the disabled person

Surname or family name

Mr/Mrs/Miss/Ms

All other names in full

Any other surnames or family names you have been known by or are using now

Date of birth

National Insurance (NI) number.
Get this from your NI number card, payslips, tax papers or letters from social security

Address

Daytime phone number

Your relationship to the disabled person

If you are not the disabled person's parent, please tell us the **name and address of their legal guardian.**

Mr/Mrs/Miss/Ms				
/ /				
Letters	Numbers			Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Postcode		
Code		Number		
		Postcode		

Part 2 – About the disabled person

The disabled person's surname or family name

All their other names in full

Any other surnames or family names they have been known by or are using now

Their date of birth

Their date of death
if the disabled person has died

Their National Insurance (NI) number. Get this from their NI number card, payslips, tax papers or letters from social security

Their address

Daytime phone number

Mr/Mrs/Miss/Ms				
/ /				
/ /				
Letters	Numbers			Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Postcode		
Code		Number		

Part 2 – About the disabled person continued

Does the disabled person have a partner?

We use *partner* to mean

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple.

Their partner's surname or family name

No

Yes Please tell us about their partner below.

Mr/Mrs/Miss/Ms

All their partner's other names in full

Any other surnames or family names their partner has been known by or is using now

Their partner's date of birth

/ /

Their partner's National Insurance (NI) number. Get this from their NI number card, payslips, tax papers or letters from social security

Letters Numbers Letter

Their partner's address

Postcode

Has the disabled person, or anyone acting on their behalf, ever made a claim under the Vaccine Damage Payment Scheme before?

No

Yes Please tell us the reference number

Please tick one box to tell us why this claim is being made.

- The disabled person was vaccinated. Please go to **Part 3**.
- The disabled person's mother was vaccinated while pregnant. Please go to **Part 4**.
- The disabled person has been in close physical contact with a person who has been vaccinated against poliomyelitis (Polio) by the orally administered vaccine. Please give details below of the person who was vaccinated and then go to **Part 3** and complete as appropriate.

The vaccinated person's surname or family name

Mr/Mrs/Miss/Ms

All other names in full

The vaccinated person's date of birth

/ /

The vaccinated person's address

Postcode

Part 3 – About vaccinations

Please send us details of all vaccinations you had and tell us when these vaccinations were given. If you cannot remember exactly, tell us when you think it was.

	First time	Second time	Third time
Diphtheria, tetanus and pertussis (DTP/triple)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Diphtheria, tetanus, pertussis and polio (DTaP/IPV)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Diphtheria	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Tetanus	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Pertussis (whooping cough)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Poliomyelitis (orally administered)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Tetanus, diphtheria and polio (Td/IPV)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Measles, mumps and rubella (MMR)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Measles	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Mumps	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Rubella (German measles)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Tuberculosis (TB)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Haemophilus influenzae type b, Meningococcal Group C (Hib/Men C)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Haemophilus influenzae type b (Hib)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Meningococcal Group B (Men B)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Meningococcal Group C (Men C, Men ACWY)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Meningococcal Group W (Men ACWY)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Pneumococcal (PCV)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Human papillomavirus (HPV)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Pandemic influenza A (H1N1) 2009 (swine flu) from 10 October 2009 up to 31 August 2010	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Influenza	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Rotavirus	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>

Part 3 – About vaccinations continued

Were any of these vaccinations given outside the United Kingdom (UK) and the Isle of Man?

The United Kingdom is England, Scotland, Wales and Northern Ireland.

If **Yes**, please tell us which vaccinations were given elsewhere and in which country they were given.

No

Yes Please tell us about them below.

If the vaccinations were given in the UK, please tell us where.

We only ask for this information to record how many claims are made in each country. It will not change your claim.

England

Scotland

Wales

Northern Ireland

Please tell us what happened after the vaccination. It would be helpful if you could tell us which vaccinations this claim relates to.

Continue on a separate sheet of paper, if necessary. But make sure you sign and date it and write your full name and National Insurance (NI) number on it.

Part 4 – About people we may get in touch with

The disabled person's GP or doctor

GP or doctor's name

GP or doctor's address

Postcode

GP or doctor's phone number

Code	Number
------	--------

The disabled person's local authority

Name of local authority

The disabled person's child health clinic

Name of child health clinic

Address

Postcode

If you have a copy of the child's health record, please send it to us with this form.

The disabled person's school

Please give details of the school the disabled person attends, or if they have now left, the last school they attended.

Name of school

Address

Postcode

This information is needed to assist in tracing the child health records.

Part 5 – About hospitals the disabled person has attended

Please tell us about any hospitals the disabled person has attended **because of the disability that this claim relates to.**

Continue on a separate sheet if necessary.

Name and address of hospitals	Hospital reference numbers	Dates of visits or stays in hospital
		/ /
		/ /
	Consultant's name	
Postcode		
		/ /
		/ /
	Consultant's name	
Postcode		
		/ /
		/ /
	Consultant's name	
Postcode		
		/ /
		/ /
	Consultant's name	
Postcode		
		/ /
		/ /
	Consultant's name	
Postcode		
		/ /
		/ /
	Consultant's name	
Postcode		
		/ /
		/ /
	Consultant's name	
Postcode		

Part 6 – About social security benefits and tax credits

Is the disabled person or their partner, if they have one, getting or waiting to hear about

- **Income Support**
- **income-based Jobseeker's Allowance**
- **Universal Credit**
- **Pension Credit**
- **Child Tax Credit**
- **Working Tax Credit?**

Tick **Yes** if someone else is getting or waiting to hear about one of these benefits

- **on behalf of** the disabled person, or
- which includes **money for** the disabled person.

What are they getting or waiting to hear about?

- Income Support
- income-based Jobseeker's Allowance
- Universal Credit
- Pension Credit
- Child Tax Credit
- Working Tax Credit

Who is getting or waiting to hear about this?

- The disabled person
- The disabled person's partner
- You (the person filling in this form for the disabled person)
- Someone else

Their surname or family name

All their other names in full

Any other surnames or family names they have been known by or are using now

Date of birth

National Insurance (NI) number

Get this from their NI number card, payslips, tax papers or letters from social security.

Address

Daytime phone number

Their relationship to the disabled person

No Go to **Part 7**.

Yes Please tell us about this below.

Getting money

Waiting to hear about their claim

Go to Part 7.

Go to Part 7.

Go to Part 7.

Please tell us about them below.

Mr/Mrs/Miss/Ms

 / /

Letters Numbers Letter

Postcode

The notes at the end of this form explain that a Vaccine Damage Payment may change the amount you get from other benefits.

Part 7 – Declaration

Are you the disabled person?

No Please read and sign **Declaration A1** and then go to **Part 8**.

Yes Please read and sign **Declaration A2** and then go to **Part 8**.

Declaration A1

I claim payment in respect of damage caused to the disabled person by vaccination, details of which I have given in **Part 3** on behalf of the person named in **Part 2**.

I declare that the information I have given on this form is correct and complete.

Your signature

Date

Your name

Name of the disabled person

Your relationship to the disabled person

Now go to **Part 8**.

Declaration A2

I claim payment in respect of damage caused by vaccination, details of which I have given in **Part 3**.

I declare that the information I have given on this form is correct and complete.

Your signature

Date

Your name

Now go to **Part 8**.

Part 8 – Consent for access to medical records

We may need to obtain the disabled person’s medical records from their GP or organisations that they are involved with, in order to work out whether they are entitled to a vaccine damage payment or to help deal with any appeal against a decision of the Secretary of State about the claim. We will only obtain this information with the disabled person’s consent. Once consent is given it can still be withdrawn at any point by writing to the decision maker dealing with the claim. However, if the decision maker does not have consent to access these medical records, they may not have all the information they need to make a decision on the vaccine damage payment claim.

- 1 If the disabled person is over the age of 16 and capable of giving their consent for access to their medical records, they should give their own consent.
- 2 If the disabled person is a child under the age of 16, consent should normally be given by the person with parental responsibility for them, for example a parent or legal guardian.
- 3 If the disabled person is over the age of 16 but incapable of giving their own consent, their representative can provide consent on their behalf.

By capable of giving their own consent we mean that the disabled person understands the reasons for, and the implications of, giving their consent.

Is the disabled person capable of giving their own consent?

No Go to the next question.

Yes The disabled person must complete **Declaration B2**.

Is the disabled person a child under the age of 16?

No Go to the next question.

Yes The disabled child or young person’s parent or legal guardian must complete **Declaration B1**.

Is the disabled person over 16, but incapable of giving their consent?

No Go back to the first question.

Yes The disabled person’s representative must complete **Declaration B1**.

Part 8 – Consent for access to medical records continued

Declaration B1

I confirm that I am acting on behalf of the disabled person, because they are not capable of giving their own consent for access to their medical records. I consent to the access and examination of their medical records in connection with the claim or any appeal made under the Vaccine Damage Payments Act 1979.

I agree that

- the Department for Work and Pensions
- any doctor advising the Department
- any organisation with which the Department has a contract for the provision of medical services or any doctor providing services to that organisation

may ask any of the people or organisations mentioned on this form for any information which is needed to deal with

- this claim for a Vaccine Damage Payment or
- any request for this claim to be looked at again

and that such information may be given to that doctor, organisation or the Department for Work and Pensions; and to the Department of Health to help carry out its policy responsibilities for the Vaccine Damage Payments Scheme.

Your signature

Date

Your name

Name of the disabled person

Their date of birth

Please tick the box that applies to you

- I am the parent or legal guardian of the disabled person.
- I have been appointed by the court to manage the affairs of the disabled person.
- I am acting on behalf of the disabled person, aged 16 or over, because they are unable to manage their own affairs
- I am the personal representative of the disabled person who has died.

Now please go to **Part 9**.

Part 8 – Consent for access to medical records continued

Declaration B2

I consent to the access and examination of my medical records in connection with the claim or any appeal made under the Vaccine Damage Payments Act 1979.

I agree that

- the Department for Work and Pensions
- any doctor advising the Department
- any organisation with which the Department has a contract for the provision of medical services or any doctor providing services to that organisation may ask any of the people or organisations mentioned on this form for any information which is needed to deal with
- this claim for a Vaccine Damage Payment or
- any request for this claim to be looked at again

and that such information may be given to that doctor, organisation or the Department for Work and Pensions; and to the Department of Health to help carry out its policy responsibilities for the Vaccine Damage Payments Scheme.

Your signature

Date

 /

Your name

Now please go to **Part 9**.

Part 9 – How we collect and use information

The Department for Work and Pensions collects information to deal with claims for Vaccine Damage Payments:

- to assess and make a decision on your claim
- to deal with any appeal.

The Department of Health may access your information in order to help it carry out its policy responsibilities for the Vaccine Damage Payments Scheme.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, visit our website

www.gov.uk/government/publications/vaccine-damage-payments-scheme-privacy-policy

or contact any of our offices.

Part 10 – What to do now

- Make sure you enclose with this claim form any medical documents and records of vaccinations you want to send us. We can accept photocopies. But do not delay sending in this claim if you are waiting for these documents.
- Check that you have filled in as much of the form as you can and that you have signed and dated it.
- Return this claim form to

Vaccine Damage Payments Unit
Palatine House
Lancaster Road
Preston
PR1 1HB

- If we need any more information we will get in touch with you.
- If you are entitled to a Vaccine Damage Payment we will write to tell you.
- If you are not entitled to a Vaccine Damage Payment we will write to tell you why and what to do if you disagree with the decision.

Notes – For your information

Other help

The main benefits available specifically for disabled people are

- Disability Living Allowance
- Personal Independence Payment
- Armed Forces Independence Payment
- Working Tax credit.

People who provide a substantial amount of care to a disabled person may get Carer's Allowance.

You may also qualify for other benefits such as Income Support or Housing Benefit.

For more information and advice about benefits

- contact Jobcentre Plus. You can find the phone number and address in the business section of the phone book. Look under **Jobcentre Plus**.
- visit our website at **www.gov.uk/browse/benefits**

If you wish to apply for a reduction in your Council Tax, or find out more about it, please contact your local authority.

If you are disabled you may get special help from the social services department of your local council. The help available depends on local circumstances and their assessment of your needs.

Effect on benefits and tax credits

You may find your benefits and tax credits change as a result of this payment. A payment under the scheme may change how much you get. Benefits that might change include

- Income Support
- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- Universal Credit
- Pension Credit
- Child Tax Credit
- Working Tax Credit
- Housing Benefit

The changed amount depends on a number of things, including whether the payment is put into a trust and, if so, the type of trust and the type of payments made from it. You can get more information from the office that pays the benefit.

A Vaccine Damage Payment could also affect any entitlement to a reduction in Council Tax. To find out more about it, please contact the local authority.

You must tell the office that pays the benefit about a Vaccine Damage Payment if you or your partner, if you have one, get any of these benefits **and**

- you or your partner are the disabled person, **or**
- the disabled person is treated as part of your family.