

Vaccine Damage Payment Scheme claim form

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 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 under age 18, someone **must** fill in the form on their behalf.*

I am the disabled person.

I am filling in this form on behalf of the disabled person.

Please go to **Part 2** .

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

Part 2 About the disabled person continued

Does the disabled person have a partner?

We use *partner* to mean

- a person they are married to or a person they live with as if they are married to them, or
- a civil partner or a person they live with as if they are civil partners.

No

Yes Please tell us about their partner below.

Their partner's surname or family name

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

/ /

Letters Numbers Letter

Their partner's National Insurance (NI) number

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

Their partner's address

Postcode

Has the disabled person, or anyone acting on their behalf, ever made a claim under the Vaccine Damage Payments 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)	/ /	/ /	/ /
diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib)	/ /	/ /	/ /
diphtheria, tetanus, pertussis and polio (DTaP/IPV)	/ /	/ /	/ /
diphtheria	/ /	/ /	/ /
tetanus	/ /	/ /	/ /
pertussis (whooping cough)	/ /	/ /	/ /
poliomyelitis (orally administered)	/ /	/ /	/ /
tetanus, diphtheria and polio (Td/IPV)	/ /	/ /	/ /
measles, mumps and rubella (MMR)	/ /	/ /	/ /
measles	/ /	/ /	/ /
mumps	/ /	/ /	/ /
rubella (German measles)	/ /	/ /	/ /
tuberculosis (TB)	/ /	/ /	/ /
Haemophilus influenzae type b, Meningitis C (Hib/Men C)	/ /	/ /	/ /
Haemophilus influenzae type b (Hib)	/ /	/ /	/ /
Meningococcal Group C (Meningitis C)	/ /	/ /	/ /
pneumococcal (PCV)	/ /	/ /	/ /
Human papillomavirus (HPV)	/ /	/ /	/ /
pandemic influenza A (H1N1) 2009 (swine flu)	/ /	/ /	/ /

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.

No

Yes Please tell us about this below.

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

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

We need to know this for statistical purposes. It will not affect your claim.

England

Scotland

Wales

Northern Ireland

Part 3 About vaccinations continued

Please tell us what happened after the vaccination. It would be helpful if you could indicate 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 Health Authority

Name of Health Authority

Part 4 About people we may get in touch with

The disabled person's Child health clinic

Name of child health clinic

Address

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

Postcode

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

This information is needed to assist in tracing the Child Health Records.

Postcode

Part 5 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 hospital

Postcode

Postcode

Postcode

Hospital reference numbers

Dates of visits or stays in hospital

 / /
 / /

Consultant's name

Consultant's name

Consultant's name

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
- Pension Credit
- Child Tax Credit
- Working Tax Credit?

No Go to Part 7.

Yes Please tell us about this below.

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
- Pension Credit
- Child Tax Credit
- Working Tax Credit

Getting money

Waiting to hear about their claim

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

} Go to **Part 7**.

Please tell us about them below.

Their surname or family name

Mr / Mrs / Miss / Ms

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.

Letters Numbers Letter

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Address

Postcode

Daytime phone number

Code Number

Their relationship to the disabled person

The notes at the end of this form explain that a Vaccine Damage Payment may affect 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 9**.

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 as far as I know and believe.

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 or organisation or to the Department.

Your signature

Date

 / /

Your name

The name of the disabled person
IN BLOCK CAPITALS

Your relationship to the disabled person
IN BLOCK CAPITALS

Now please 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 as far as I know and believe.

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 or organisation or to the Department.

Your signature

Date

 / /

Your name

Now please go to Part 9.

Part 8 Consent for access to medical records

We will need access to medical records to support the claim for a vaccine damage payment or any appeal against a decision of the Secretary of State about that claim. The disabled person must consent to this access.

- 1 If the disabled person is over the age of 18 and capable of giving their consent for access to their medical records, they should give their own consent.
- 2 If the disabled person is under the age of 18, consent should normally be given by the person with parental responsibility for them, for example a parent or legal guardian.
If the disabled person is over the age of 16 and is capable of giving their own consent, they should do so themselves.

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 over the age of 18?

- No The disabled child or young person's parent or legal guardian must complete **Declaration B1**.
 Yes The disabled persons's representative must complete **Declaration B1**.

Declaration B1

I confirm that I am acting on behalf of the disabled person, child or young 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.

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 the personal representative of the disabled person who has died.

Your signature

Date

/ /

Your name

Now please go to **Part 9**.

Part 8 Consent to 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.

Your signature

Date

Your name

Now please go to **Part 9**.

Part 9 How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services. We may give information to other organisations as the law allows, for example to safeguard against crime.

To find out more about how we use information, visit our website www.dwp.gov.uk/privacy.asp or contact any of our offices.

Part 10 The information you have provided

The Department of Health need some information to help them find out more about vaccine damage.

Do you consent to us providing the Department of Health with some information about the disabled person?

No

Yes

The Department of Health will ensure that any information provided under this agreement will be used only for research purposes and that the strictest medical confidence is maintained.

Your signature

Date

/ /

Part 11 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, 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, Housing Benefit or Council Tax 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**.
- Ring the Benefit Enquiry Line (BEL) on **0800 88 22 00**. The phone call is free.
- Visit our website at www.direct.gov.uk/DisabledPeople

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

A payment under the scheme may affect entitlement to

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

The actual effect 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.

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.