

# 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 date.

### 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.

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## Part 1- About you if you are **not** the disabled person

**Surname or family name**

**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

Letters   Numbers   Letter

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Address**

Postcode

**Please provide at least one telephone number**

**Mobile phone number** (if you have one)

**Home phone number** (if you have one)

**Work phone number** (if you have one)

**Email address,** (if you have one)

**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.**

Postcode



## Part 2- About the disabled person continued

### Their partner's address

Postcode

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### 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

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### 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

### First 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
Coronavirus (COVID-19)	/ /	/ /	/ /
Diphtheria	/ /	/ /	/ /
Diphtheria, tetanus and pertussis (DTP/ triple)	/ /	/ /	/ /
Diphtheria, tetanus, pertussis and polio (DTaP/IPV)	/ /	/ /	/ /
Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/ IPV/Hib)	/ /	/ /	/ /
Haemophilus influenzae type b (Hib)	/ /	/ /	/ /
Haemophilus influenzae type b, Meningococcal Group C (Hib/Men C)	/ /	/ /	/ /
Human papillomavirus (HPV)	/ /	/ /	/ /
Influenza	/ /	/ /	/ /
Measles	/ /	/ /	/ /
Measles, mumps and rubella (MMR)	/ /	/ /	/ /
Meningococcal Group B (Men B)	/ /	/ /	/ /
Meningococcal Group C (Men C, Men ACWY)	/ /	/ /	/ /
Meningococcal Group W (Men ACWY)	/ /	/ /	/ /
Mumps	/ /	/ /	/ /
Pandemic influenza A (H1N1) 2009 (swine flu) up to 31 August 2010	/ /	/ /	/ /
Pertussis (whooping cough)	/ /	/ /	/ /
Pneumococcal (PCV)	/ /	/ /	/ /
Poliomyelitis (orally administered)	/ /	/ /	/ /
Rotavirus	/ /	/ /	/ /
Rubella (German measles)	/ /	/ /	/ /
Tetanus	/ /	/ /	/ /
Tetanus, diphtheria and polio (Td/IPV)	/ /	/ /	/ /
Tuberculosis (TB)	/ /	/ /	/ /

### 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.

No

Yes  Please tell us about them 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 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 needed. 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

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### The disabled person's local authority

Name of local authority

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### 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.

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### 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 of school

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 needed.

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



## 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

No  Go to **Part 7**.

Yes  Please tell us about this below.

**What are they getting or waiting to hear about?**

	Getting money	Waiting to hear about their claim
• Income Support	<input type="checkbox"/>	<input type="checkbox"/>
• income-based Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
• Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>
• Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
• Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
• Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>

**Who is getting or waiting to hear about this?**

- The disabled person  Go to **Part 7**.
- The disabled person's partner  Go to **Part 7**.
- You (the person filling in this form for the disabled person)  Go to **Part 7**.
- Someone else  Please tell us about them below.

**Their surname or family name**

**All their first 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Part 6 - About social security benefits and tax credits continued

### Address

Postcode

### Daytime phone number

### Their relationship to the disabled person

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**.

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### 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**.

## Part 7 - Declaration continued

### 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**.

**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 and Social Care 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**.

**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 and Social Care 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 and Social Care 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](https://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](http://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