



Ministry
of Defence

**Defence Afghan Relocation and Resettlement
(DARR)**

Ministry of Defence Main Building
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APPLICATION TO REQUEST AN EX-GRATIA MEDICAL PAYMENT

To review your ex-gratia medical payment the Ministry of Defence (MOD) will retrieve and consult process the personal data that it holds about you including any sensitive medical information. The MOD is committed to protecting the privacy and security of your personal information and ensuring that all your personal data is processed in accordance with UK data protection legislation. The [MOD Personal information charter](#) contains the standards you can expect when we ask for, hold or share your personal information. The [MOD Privacy Notice](#) explains your rights under the law and gives you the information you are entitled to under Data Protection legislation and how the MOD processes your data in line with the charter. For information about how the MOD protects special category and criminal convictions personal data including medical and health data please see our [Policy Document](#).

1. About you

Please answer the questions below by entering information into the right hand box.

Title – for example Mr, Mrs, Miss, Ms	
Surname or family name	
All other names in full	
Contact address	
Postcode	
Telephone number	
Date of Birth	
National Insurance Number	

2. Employment details

Please answer the questions below by entering information into the right-hand box.

EMPLOYMENT DETAILS	
LEC number	
Dates of HMG employment	
Employment location/s	
Employment role/roles	

3. Your claim

Condition/Injury/Illness you are claiming	Medically confirmed diagnosis	Onset date of condition/injury
Example Broken left arm	Yes	15/10/2019

If you are claiming for a condition, injury or illness which you feel started over a period of time, when did it start?

Was there any reason or event in particular that may have caused your condition to worsen? If so, what was it?

Please provide any details you can relating to the incident in which you were injured, including the date, time, location, and circumstances:

Have you previously received a payment from the British Government as a result of your injury? If so, please enter the details below:

Date	Payment amount	Date of injury the payment relates to

4. Treatment for the current condition

Who did you first seek medical attention from?

What specific medical diagnosis have you been given?

Which medical practitioner gave this diagnosis? (By this we mean your Medical Officer, GP, Hospital, or other practitioner)

5. Other benefits, allowances or entitlement

Ex-gratia payments **may** affect related benefits from the Department of Work and Pensions (DWP).

It is your responsibility to inform the relevant Benefit Office, local authority, or Tax Credit Office if you receive payments under the scheme.

Are you receiving any of the following?

Description	Y/N	If yes, enter the date the claim was first made
Personal Independence Payment (PIP) or Disability Living Allowance (DLA)		
Income Support		
Universal Credit		
Employment and Support Allowance (ESA)		
Job Seekers Allowance (JSA)		
Tax Credits paid to you or your family		
Housing Benefit and Council Tax Benefit		
Industrial Injuries Disablement Benefit (IIDB)		
Benefits from Governments other than the UK Government		

Please tell us all the condition(s) you claimed or are getting IIDB for:

6. Additional information

Please use this page to tell us any additional information you think we should know. You may provide information on additional sheets if you wish.

7. Declaration

I confirm the information I have given is accurate and complete to the best of my knowledge and belief.

I understand the information and personal data I have provided on this form, and any information and personal data I provide subsequently may be:

- Used by the MOD in connection with my claim, or any subsequent reconsideration, review or appeal.
- Passed to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner asked by the MOD to provide specialist advice.
- Passed to the DWP.
- Used by the MOD and its agents in connection with all matters relating to this or future claims, or any subsequent reconsideration, review or appeal, and other claims against the MOD or other Government Department, which have a legitimate interest in this information, for example, for the prevention of crime.

I understand that

- I must immediately tell the MOD of anything that may affect my entitlement to, or the amount of, an award
- I must provide such further information as the MOD may require in order to consider my application;
- I may be required to undergo medical examinations for the purposes of my application;
- **If I knowingly give false information, I may be liable to prosecution.**

In order to process your application

- The MOD and,
- any doctor advising the MOD and,
- any organisation contracted to provide medical services to the MOD and any doctor providing services to that organisation.

May be required to contact

- any doctor or other medical professional who has provided treatment;
- other relevant parties.

Signature:

Date:

Name: