

# Benefit appeal form

You should use this form to appeal against a decision made by the NHS Business Services Authority (NHS BSA) about a **Vaccine Damage Payment**.

**If you are appealing another benefit decision then you need to use a different appeal form. Find the right form at: [www.gov.uk/appeal-benefit-decision](http://www.gov.uk/appeal-benefit-decision)**

Further guidance to help you fill in this form is available in booklet SSCS7A 'How to appeal against a decision made by the NHS Business Services Authority'. You can download the booklet or find out where it can be obtained from by visiting: [www.gov.uk/appeal-benefit-decision](http://www.gov.uk/appeal-benefit-decision)

## Help and support

You can ask someone who knows about the benefits system to help you with your appeal. For example, someone from your local advice centre, law centre or Citizens Advice. You could also ask a friend or family member.

If you have any questions about the benefit appeals service then phone the **HMCTS Benefit appeal helpline** on the number below. The helpline call agents cannot give you legal advice.

England and Wales: 0300 123 1142. Scotland: 0300 790 6234. Welsh language speakers: 0300 303 5170.

## This form is available in other formats

You can download this form in large print or Welsh. If you need it in Braille then phone: 0300 123 1142.

## Before you start

You need the following information to fill in this form:

- **Your Mandatory Reversal Consideration (MRC)**  
You will need to ask NHS BSA to reconsider their decision on your claim, before you can go on to appeal. This is called 'Mandatory Reversal Consideration'. When NHS BSA reconsider their decision, they should send you the result in the form of a Mandatory Reversal Consideration. You will need to include a copy of it when you send us your appeal.
- **Details of your representative (if you have one)**  
If you have someone helping you with your appeal then you can register them as your 'representative'. For example, someone from your local advice centre, law centre or Citizens Advice.
- **Reasons for your appeal**  
The reasons you disagree with NHS BSA's decision. You can write as much as you want.

**Your appeal will be decided by an independent tribunal. They are separate from NHS BSA.**

## Section 1: Your details

Use **BLOCK CAPITALS**

Fill in this section if you are:

- appealing a decision about your benefits OR
- a parent appealing on behalf of a child OR
- appointed by NHS BSA or a court to deal with someone else's benefits

Do not put your details here if you are helping someone fill in this form but you have not been officially appointed by NHS BSA or a court to deal with their benefits.

Mr

Mrs

Miss

Ms

Doctor

Reverend

First name

Last name

Address line 1

Date of birth (DD/MM/YYYY)

 /  / 

Address line 2

National Insurance number

Letters

Numbers

Letter

Address line 3


*Do not provide your National Insurance number if you have been appointed by NHS BSA or a court to deal with someone else's benefits.*


Postcode

Mobile phone number

Landline number (if you have one)

Email address

If you are appealing on behalf of a child or you are an appointee, go to section 2 

If you are appealing for yourself, go to section 3 

## Section 2: About the person you are appointed to support

Only fill in this section if you are appealing on behalf of a child or you have been officially appointed by NHS BSA or a court to deal with someone's benefits. **Put their details in this section.**

### Their details

Mr    Mrs    Miss    Ms    Doctor    Reverend

Their first name

Their last name

Their date of birth (DD/MM/YYYY)

 /  / 

Their National Insurance number

Letters

Numbers

Letter

### Their address

Only enter their address if it is different from yours.


Address line 1

Address line 2

Address line 3

Postcode

Go to section 3 

## Section 3: About your representative (if you have one)

Use **BLOCK CAPITALS**

Fill in this section if you have someone helping you with your appeal and you would like them to be your 'representative'. This might be someone from your local advice centre, law centre or Citizens Advice. It could also be a carer, friend or family member.

Registering a representative means they can:

- help you submit your appeal or prepare your evidence
- act on your behalf (they should ask your permission first)
- see any evidence that is submitted by you or NHS BSA (including medical evidence)

By entering their details here and signing this form, you are authorising the tribunal to deal with your representative as well as you, about your appeal.

Provide as much information as you can about your representative. If you want to appoint a representative later, then you must send us the details in writing to the address at the end of this form.

 Mr Mrs Miss Ms Doctor Reverend

First name

Last name

Organisation (if they work for one)

Address line 1

Address line 2

Address line 3

Postcode

Mobile phone number

Landline number (if they have one)

Email address

Go to section 4 





## Section 5: Your appeal hearing

Your appeal will be decided by the tribunal using the information in this form and any additional evidence you provide. Information and evidence submitted by NHS BSA will also be considered.

Or you can also explain your reasons for appealing by taking part in the hearing, by telephone, video or face-to-face.

The tribunal can arrange support at your hearing such as an interpreter, hearing loop or disabled access.

I want to take part in the hearing. Go to Section 5a 

I do not want to take part in the hearing. Go to Section 8 


## Section 5a: Your telephone, video or face to face hearing

The type of oral hearing will be at the discretion of the tribunal.

Please select all the suitable options for you to take part in the hearing.

Telephone (you'll need somewhere quiet and private to speak). Please give us your preferred telephone number if different from above.

Video (you'll need access to a computer or mobile device with a good internet speed and somewhere quiet and private to speak). Please give us your preferred email address if different from above.

Face to face (you will need to travel to the hearing in person). Go to Section 6 

## Section 6: Support at your hearing

Use **BLOCK CAPITALS**

If you want to take part in the hearing and need support to be arranged by the tribunal, tell us now so we can arrange it. Any support we provide is free of charge.

You cannot use your own interpreter at the hearing. Provide details below, if you need one.

### Language interpreter

Language

Dialect

### Sign language interpreter

Sign language

Hearing loop

Accessible hearing room

Any other support that you need the tribunal to arrange which could be for a physical or mental health condition

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Go to section 7 

# Section 7: Your availability for a hearing

Only fill this section in if you want to take part in the hearing.

You should make yourself available for the hearing but if you have dates you cannot attend, then fill them in below. If you have a representative please also include any unavailability for them.

I will make myself available for the hearing whenever it's scheduled. I have no dates to avoid.

Go to section 8 

**Please note:** This includes agreeing to HMCTS offering you a hearing at short notice due to a cancellation (within 14 days of the date of the hearing). We will call you to confirm if you are available if offering a date with less than 14 days notice.

I need to tell the tribunal about dates that I **cannot** attend a hearing (fill them in below)

Only provide dates between 3 and 8 months in the future.

Month 

S	E	P
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1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

EXAMPLE

Month 

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1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month 

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1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month 

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1	2	3	4	5	6	7
8	9	10	11	12	13	14
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Month 


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Month 

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29	30	31				

Go to section 8 

## Section 8: Sign and post

The information I have provided in this appeal application is accurate, to the best of my knowledge.

I give the tribunal permission to correspond with my named representative about my appeal (if you gave details of a representative).

Name (in **BLOCK CAPITALS**)

The person named on the appeal in section 1

Signature

The person named on the appeal in section 1

Date (DD/MM/YY)

 /  / 

Representatives should not sign this form unless they submit 'Authority to Act' on behalf of the appellant with this application.

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### Where to post your appeal form

You need to send your appeal form and a copy of the Mandatory Reversal Consideration (MRC) to HM Courts & Tribunals Service.

**If you live in England, Wales or overseas, send your appeal to:**

HMCTS SSCS Appeals Centre  
PO Box 1203  
Bradford  
BD1 9WP

**If you live in Scotland send your appeal to:**

HMCTS SSCS Appeals Centre  
PO Box 27080  
Glasgow  
G2 9HQ

### What happens after your appeal has been received

1. NHS BSA will be told that you have appealed their decision.
2. NHS BSA will send the tribunal information in response to your appeal. You will also receive a copy.
3. The tribunal will book the hearing for your appeal (if you have chosen to attend the hearing).
4. The tribunal will make a decision on your entitlement to benefits.

It is very difficult to say how long it will take to get a decision on your appeal but it may be several months.

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### Your personal information

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address [www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter](http://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter)  
To receive a paper copy of this privacy notice, please call 0300 123 1024 Textphone 18001 0300 123 1024.  
If calling from Scotland, please call 0300 790 6234 Textphone 18001 0300 790 6234.

