

**THE LOCAL GOVERNMENT PENSION SCHEME (SCOTLAND) REGULATIONS 2018  
INTERNAL DISPUTES RESOLUTION PROCEDURE STAGE 2 – MEDICAL APPEAL**

- If you wish to appeal under Stage 2 of the Internal Disputes Resolution Procedure (IDRP), please set out your application using the attached form, and send it to us at the address provided. Please include a copy of the **Stage 1 Determination letter** which you received from the person appointed at the end of the first stage of the appeal procedure.
- Please also provide all correspondence you consider would be helpful to us in support of your appeal. This should include reports and letters from your GP and from any specialists treating you. **I would emphasise that it is the responsibility of the member to provide all of the medical evidence upon which they wish to base their appeal.**
- If you are happy to receive correspondence regarding your appeal by e-mail, please provide your e-mail address in the space provided on the application form.

<b>To:</b> <a href="mailto:IDRPAApplications@gov.scot">IDRPAApplications@gov.scot</a> <b>Policy Manager, LGPS          Scottish Public Pensions Agency          7 Tweedside Park          Tweedbank          Galashiels          TD1 3TE</b>	<b>Name:</b>  <b>Address:</b>   <b>Tel No:</b>  <b>E-mail address:</b>
<b>Date of Birth:</b>	<b>National Insurance No:</b>
<b>Employer Contact Details:</b>	<b>Job Title:</b> <b>Length of Service:</b> <b>Last Day of Service:</b>
<p>I am currently pursuing a claim against the employer named above via Employment Tribunal or Courts:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>*If you answered yes to the question above please tell us about the claim in the section below.</p>	

**Basis of appeal:**

**Date of application:**

Please also submit a copy of the **Stage 1 Determination Letter** and any other relevant documentary evidence you wish to be considered. If you have a DS1500 or BASRiS form a copy can be submitted along with your application as confirmation of your diagnosis.



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**MANDATE FOR MEDICAL RECORDS**

<b>Name:</b>	<b>Address:</b>
<b>Date of Birth:</b>	
I hereby authorise you to release to the Scottish Public Pensions Agency all medical records which they may request in respect of my appeal.  This mandate is written under and in terms of the The Data Protection Act 2018.	
<b>Signed:</b>	<b>Dated:</b>