

**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 any correspondence you consider would be helpful to us in support of your appeal. This may 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:IDRPApplications@gov.scot">IDRPApplications@gov.scot</a> <b>Policy Manager, LGPS</b> <b>Scottish Public Pensions Agency</b> <b>7 Tweedside Park</b> <b>Tweedbank</b> <b>Galashiels</b> <b>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>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>	

**Date of application:**  
**Basis of appeal:**

**Please also submit a copy of the Stage 1 Determination Letter and any other relevant documents to support your appeal.** It would be helpful if you could provide all information in date order, on one PDF if possible.

If you have a DS1500 or BASRiS form this can be accepted without the need for further medical evidence.

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

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If you are appointing someone to represent you, please include their details here (please note that if someone is acting on your behalf we will only correspond directly with them).

<b>Name:</b>	<b>Address:</b>
<b>Organisation:</b>	
<b>Email Address:</b>	<b>Telephone Number:</b>
<p>Declaration: I authorise the above-named representative to act on my behalf, and for the SPPA to provide them with details of my benefits/membership held within the scheme relating to my dispute.</p> <p>This mandate is written under and in terms of The Data Protection Act 2018.</p>	
<b>Signed:</b>	<b>Dated:</b>
<b>Print Name:</b>	<b>NI Number:</b>