

Internal Dispute Resolution Procedure Application to the Head of Policy

You can use this form to ask the Head of Policy to review your case. These procedures should **not** be used if:

- Either the Pension Ombudsman or the Scottish Public Service Ombudsman started investigations into the dispute referred to them; or
- The disagreement has led to court or tribunal proceedings being started.

Yes No

1. Name of pension scheme (tick where applicable)

NHS Teachers Police Firefighters

2. Applicant's details (this information must be supplied in all cases)

Superannuation number (if applicable)	<input type="text"/>
Surname	<input type="text"/>
Former surname(s) (If applicable)	<input type="text"/>
Forename(s)	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance number	<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"/>
Contact Address	<input type="text"/> <input type="text"/> <input type="text"/>
	Post Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone Number	<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"/> <input type="text"/>
Email address	<input type="text"/>
Employer	<input type="text"/>



3. Representative's details

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).

Declaration: I authorise the above-named representative to

Surname

Former surname(s)
(If applicable)

Forename(s)

Contact Address

Post Code

Telephone Number

Email address

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.

Signed

Dated

 / /

Name (please print)





4. Your Status (please read this section and tick the correct box)

I would like the Head of Policy to investigate my dispute and give a determination on behalf of the Scottish Ministers.

I am the:

Scheme member

Prospective scheme member

Former scheme member

Dependant of a scheme member

5. Your dispute

You have six months from the date of the decision you are disputing to make a formal request to the Head of Policy under IDRPs.

Please give details of your dispute in the box below and explain

- The background to your appeal
- why you disagree with the original decision
- what action you would like taken to put things rights

If there are any documents from the SPPA, your employer or any other sources which you think might support your IDRPs appeal, include the details below or attach separately.

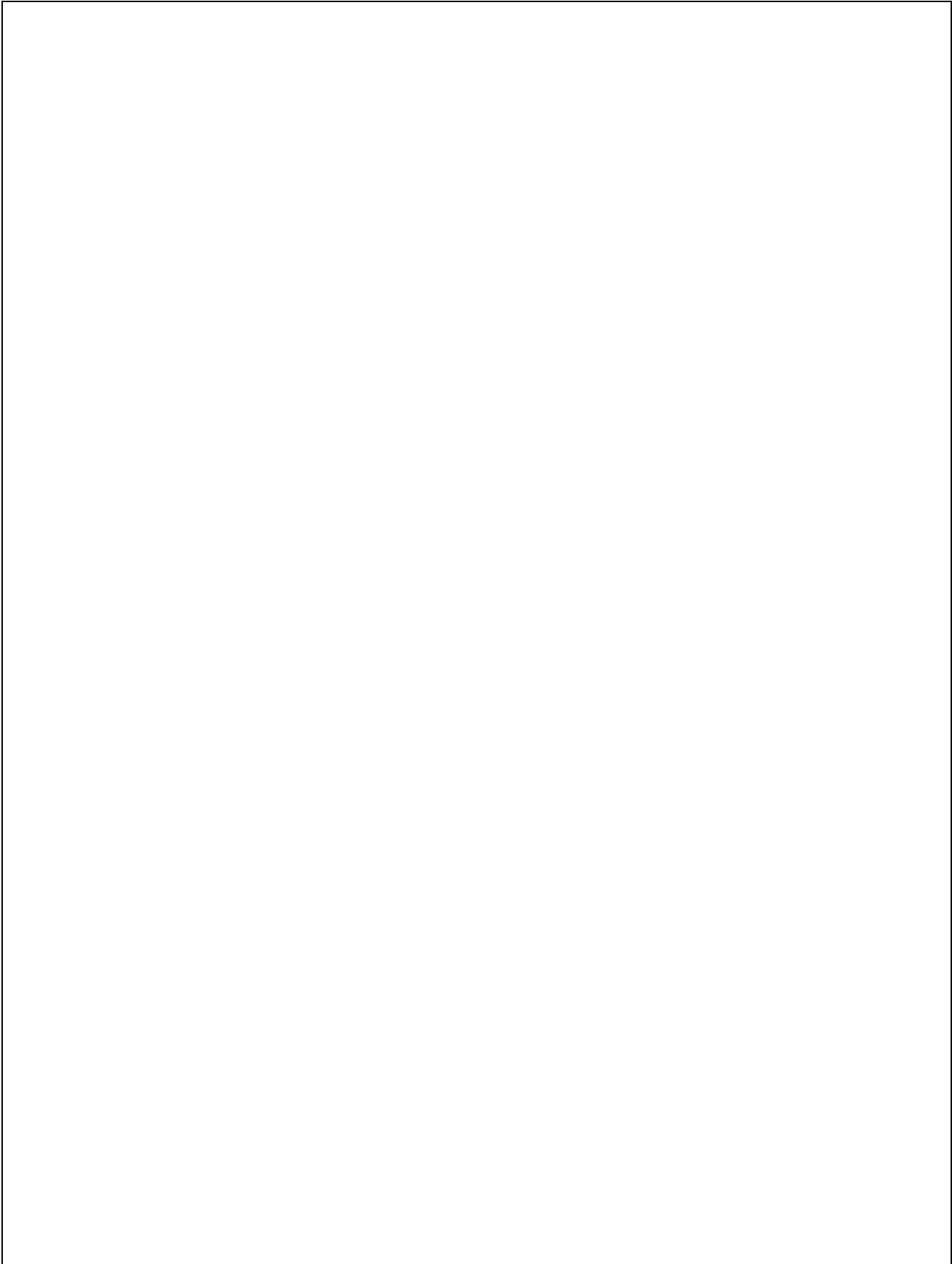
If you use a separate piece of paper please write your name, National Insurance number and superannuation number on each sheet.

Please tick this box to confirm that there are no related tribunal proceedings, or investigations being undertaken by the Pensions Ombudsman or Scottish Public Services Ombudsman in relation to your dispute:





Scottish Public
Pensions Agency
Buidheann Peinneanan
Poblach na h-Alba



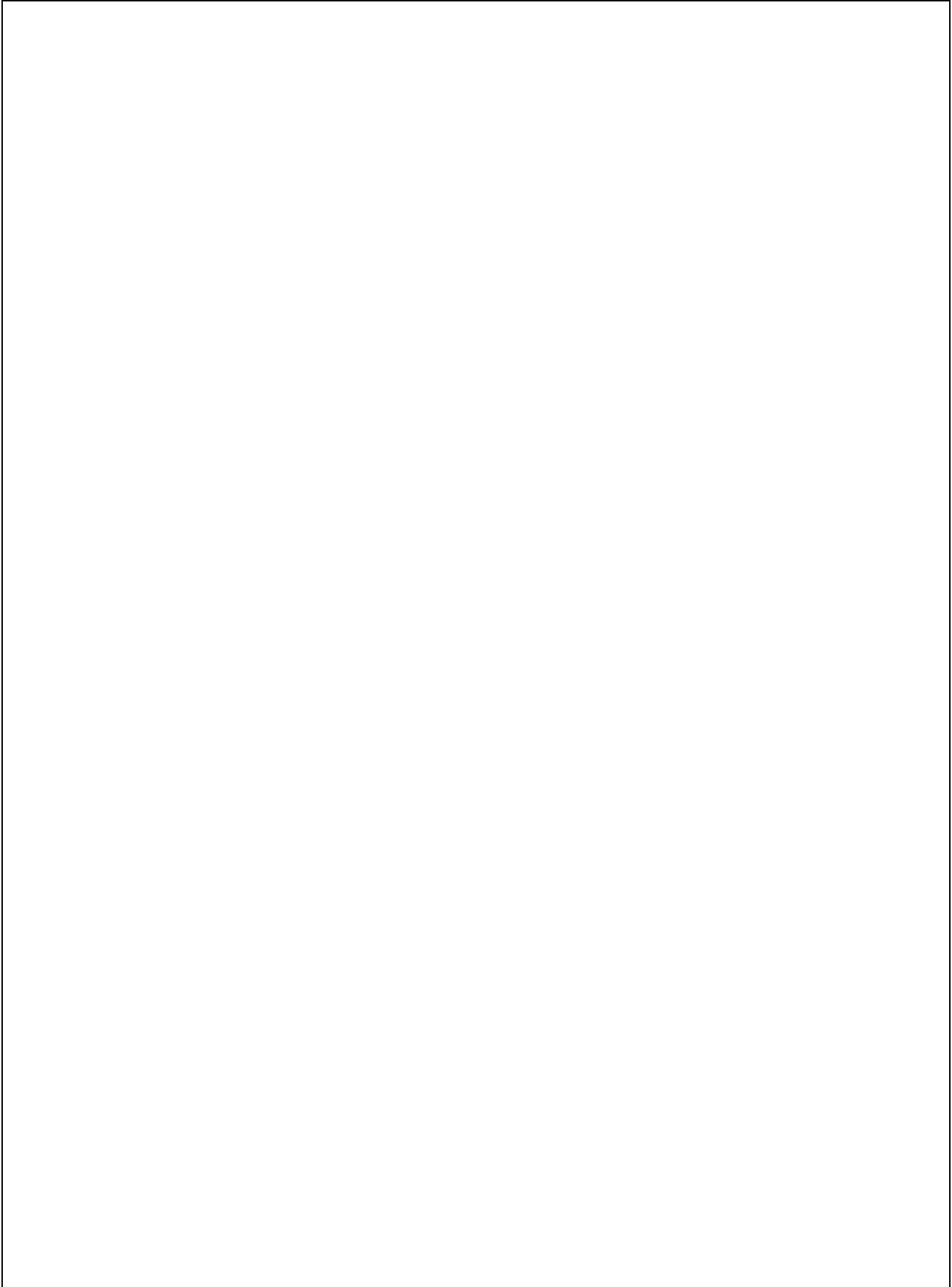
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Scottish Government
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gov.scot



Scottish Public
Pensions Agency
Buidheann Peinneanan
Poblach na h-Alba



An agency of



Scottish Government
Riaghaltas na h-Alba
gov.scot



6. Please sign and date below:

Signed

Dated

		/			/				
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Please return this form to:

Head of Policy
Scottish Public Pensions Agency
7 Tweedside Park
Tweedbank
Galashiels
TD1 3TE

Email: IDRPapplications@gov.scot

