

Internal Disputes Resolution Procedure (IDRP) Stage 2 – Non-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 read the online guidance before completing this application form.

Please also provide any correspondence that you believe would support your appeal. It is the responsibility of the member to provide all of the evidence upon which they wish to base their appeal.

PART 1 – Personal details

Name	<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"/>
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"/>
Job title	<input type="text"/>
Last day of service	<input type="text"/>
Employer 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"/>

PART 1 CONTINUED – Personal details

I am currently pursuing a claim against the employer named above via Employment Tribunal or Courts:

Yes

No

If you answered yes to the question above, please include brief details of your claim in the box below.

PART 2 – Basis of appeal

Please provide the reasons for your appeal in the box below

PART 2 CONTINUED – Basis of appeal

Please attach a copy of your Stage 1 determination letter along with any relevant supporting documents

Date of application

		/			/				
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Signature

PART 3 – Mandate for records

I hereby authorise you to release to the SPPA all records which they may request in respect of my appeal.

I agree to the SPPA sharing evidence concerning my appeal with the Stage 1 Appointed Person, if required

This mandate is written under and in terms of The Data Protection Act 2018.

Name

Date of Birth

 / /

National Insurance Number

Contact Address

Post Code

Signed

Dated

 / /

PART 4 – Representative’s mandate

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).

Name	<input type="text"/>
Organisation	<input type="text"/>
Email	<input type="text"/>
Telephone	<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"/> <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"/>

I authorise the named representative above to act on my behalf and for SPPA to provide them with details of my dispute.

This mandate is written under and in terms of The Data Protection Act 2018.

Print Name	<input type="text"/>
Signed	<input type="text"/>
Dated	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Checklist

Please use this checklist to ensure you have completed and included all relevant information before submitting your appeal. Submit the completed checklist along with your application.

Please TICK all that apply

Completed form sections

- | | |
|---|--------------------------|
| Completed part 1 – Personal details | <input type="checkbox"/> |
| Completed part 2 – Basis of appeal | <input type="checkbox"/> |
| Completed part 3 – Mandate for records | <input type="checkbox"/> |
| Completed part 4 – Representative's mandate | <input type="checkbox"/> |

Additional evidence and documentation

- | | |
|--|--------------------------|
| Copy of the Stage 1 determination letter | <input type="checkbox"/> |
| Additional evidence | <input type="checkbox"/> |

Please submit completed application (including the checklist) to SPPA by either emailing to IDRPAApplications@gov.scot or by post:

Policy Manager, LGPS
Scottish Public Pensions Agency
7 Tweedside Park
Tweedbank
Galashiels
TD1 3TE

If sending by post, we recommend using recorded delivery.

Any incomplete forms will be returned for completion and may result in the application being delayed.