**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 | | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  |  |  | |  |  |  | |  | |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |
| Date of birth | | | | | | | |  | |  | **/** | |  | |  | **/** | |  |  |  |  |  |  |  |  |
|  | | | | | | | |  | |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |
| National Insurance number | | | | | | | |  | |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  | |  | |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |
| Contact Address | | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  | | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  | | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | Post Code | | | | | | | | | |  |  |  |  |  |  |  |  |
|  | | | | | | | |  | |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |
| Telephone Number | | | | | | | |  | |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  | |  | |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |
| Email address | | | | | | | |  | | | | | | | | | | | | | | |  |  |  |
|  |  |  | |  |  |  | |  | |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |
| Job title | | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  |  |  | |  |  |  | |  | |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |
| Last day of service | | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  |  |  | |  |  |  | |  | |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |
| Employer address | | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  |  |  | |  |  |  | |  | | | | | | | | | | | | | | | | |  |
|  |  |  | |  |  |  | |  | | | | | | | | | | | | | | | | |  |
|  |  |  | |  |  |  | | Post Code | | | | | | | | | |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  | |  | | | | | | | | | |  |  |  |  |  |  |  |  |
| **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 | | | | | |  |  | / |  |  | / |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 | | | | | |  | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organisation | | | | | |  | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email | | | | | |  | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact Address | | | | | |  | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  | | | | | | | | | | | | |  |
|  |  |  |  |  |  | Post Code | | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 | | | | | |  | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signed | | | | | |  | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dated | | | | | |  |  | / |  |  | / |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Completed part 2 – Basis of appeal | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Completed part 3 – Mandate for records | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Completed part 4 – Representative’s mandate | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Additional evidence and documentation** | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Copy of the Stage 1 determination letter | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional evidence | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please submit completed application (including the checklist) to SPPA by either emailing to [IDRPApplications@gov.scot](mailto:IDRPApplications@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. | | | | | | | | | | | | | | | | | | | |