

Vaccine Damage Payment Scheme claim form

Complete this claim form if you believe you, or the person you are representing, are severely disabled as a result of vaccination. See **Part 3** for a list of vaccinations covered by the scheme.

If you need help with completing this form, please contact the Vaccine Damage Payment Unit, where someone will be able to help you. The phone number is **01772 89 99 44**.

You must send the completed claim form to the Vaccine Damage Payments Unit to arrive no later than:

- the date the disabled person reaches the age of 21, **or**
- if the disabled person has died, the date they would have reached the age of 21, **or**
- the end of the 6 year period commencing on the date of vaccination to which the claim relates

whichever is the latest.



Please tick one box.

I am the disabled person.

I am filling in this form on behalf of the disabled person.

*If the disabled person is under age 18, someone **must** fill in the form on their behalf.*

☐ Please go to **Part 2**.

☐ Please tell us about yourself in **Part 1**.
Then tell us about the disabled person in the rest of the form.

Part 1 About you if you are **not** the disabled person

Surname or family name

Mr / Mrs / Miss / Ms

All other names in full

Any other surnames or family names
you have been known by or are using now

Date of birth

National Insurance (NI) number

Get this from your NI number card, payslips,
tax papers or letters from social security.

Address

Daytime phone number

Your relationship to the disabled person

If you are not the disabled
person's parent, please tell us the
name and address of their legal
guardian.

/ /

Letters

Numbers

Letter

Postcode

Code

Number

Postcode

Part 2 About the disabled person

The disabled person's surname or family name

Mr / Mrs / Miss / Ms

All their other names in full

Any other surnames or family names
they have been known by or are using now

Their date of birth

Their date of death

if the disabled person has died

Their National Insurance (NI) number

Get this from their NI number card, payslips,
tax papers or letters from social security.

Their address

Daytime phone number

/ /

/ /

Letters

Numbers

Letter

Postcode

Code

Number

Part 2 About the disabled person continued

Does the disabled person have a partner?

We use *partner* to mean

- a person they are married to or a person they live with as if they are married to them, or
- a civil partner or a person they live with as if they are civil partners.

No ☐

Yes ☐ Please tell us about their partner below.

Their partner's surname or family name

Mr / Mrs / Miss / Ms

All their partner's other names in full

Any other surnames or family names
their partner has been known by or
is using now

Their partner's date of birth

Their partner's National Insurance (NI) number
Get this from their NI number card, payslips,
tax papers or letters from social security

/ /

Letters

Numbers

Letter

Their partner's address

Postcode

Has the disabled person, or anyone acting on
their behalf, ever made a claim under the
Vaccine Damage Payments Scheme before?

No ☐

Yes ☐ Please tell us the reference number.

Please tick one box to tell us why this claim
is being made.

- ☐ The disabled person was vaccinated.
Please go to **Part 3**.
- ☐ The disabled person's mother was vaccinated
while pregnant. Please go to **Part 4**.
- ☐ The disabled person has been in close
physical contact with a person who has been
vaccinated against poliomyelitis (Polio) by
the orally administered vaccine. Please give
details below of the person who was
vaccinated and then go to **Part 3** and
complete as appropriate.

The vaccinated person's surname or family name

Mr / Mrs / Miss / Ms

All other names in full

The vaccinated person's date of birth

The vaccinated person's address

Postcode

Part 3 About vaccinations

Please send us details of all vaccinations you had and tell us when these vaccinations were given.

If you cannot remember exactly, tell us when you think it was.

	First time	Second time	Third time
diphtheria, tetanus and pertussis (DTP/triple)	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
diphtheria	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
tetanus	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
pertussis (whooping cough)	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
poliomyelitis	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
measles, mumps and rubella (MMR)	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
measles	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
mumps	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
rubella (German measles)	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
tuberculosis (TB)	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Haemophilus Influenzae type b (HIB)	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Meningococcal Group C (Meningitis C)	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

Were any of these vaccinations given outside the United Kingdom (UK) and the Isle of Man?

The *United Kingdom* is England, Scotland, Wales and Northern Ireland.

No ☐

Yes ☐ Please tell us about this below.

If **Yes**, please tell us which vaccinations were given elsewhere and in which country they were given.

If the vaccinations were given in the UK, please tell us where.

We need to know this for statistical purposes. It will not affect your claim.

England ☐

Scotland ☐

Wales ☐

Northern Ireland ☐

Please tell us what happened after the vaccination. It would be helpful if you could indicate which vaccinations this claim relates to.

Continue on a separate sheet of paper, if necessary. But make sure you sign and date it and write your full name and National Insurance (NI) number on it.

Part 4 About people we may get in touch with

The disabled person's GP or doctor

GP or doctor's name

GP or doctor's address

Postcode

GP or doctor's phone number

Code	Number
------	--------

The disabled person's Health Authority

Name of Health Authority

The disabled person's Child health clinic

Name of child health clinic

Address

Postcode

If you have a copy of the child's health record, please send it to us with this form.

The disabled person's school

Please give details of the school the disabled person attends, or if they have now left, the last school they attended.

Name of school

Address

Postcode

This information is needed to assist in tracing the Child Health Records.

Part 5 Hospitals the disabled person has attended

Please tell us about any hospitals the disabled person has attended **because of the disability that this claim relates to**. Continue on a separate sheet if necessary.

Name and address of hospital

Postcode

Hospital reference numbers

Dates of visits or stays in hospital

/	/
/	/

Consultant's name

Postcode

/	/
/	/

Consultant's name

Part 6 About social security benefits and tax credits

Is the disabled person or their partner, if they have one, getting or waiting to hear about

- Income Support
- income-based Jobseeker's Allowance
- Pension Credit
- Child Tax Credit
- Working Tax Credit?

Tick **Yes** if someone else is getting or waiting to hear about one of these benefits

- **on behalf of** the disabled person, or
- which includes **money for** the disabled person.

No ☐ Go to **Part 7**.

Yes ☐ Please tell us about this below.

What are they getting or waiting to hear about?

- Income Support
- income-based Jobseeker's Allowance
- Pension Credit
- Child Tax Credit
- Working Tax Credit

Getting money

Waiting to hear about their claim

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who is getting or waiting to hear about this?

- The disabled person
- The disabled person's partner
- You (the person filling in this form for the disabled person)
- Someone else

<input type="checkbox"/>	} Go to Part 7 .
<input type="checkbox"/>	
<input type="checkbox"/>	

☐ Please tell us about them below.

Their surname or family name

Mr / Mrs / Miss / Ms

All their other names in full

Any other surnames or family names they have been known by or are using now

Date of birth

National Insurance (NI) number
Get this from their NI number card, payslips, tax papers or letters from social security.

Address

____ / ____ / ____

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postcode

Daytime phone number

Code Number

Their relationship to the disabled person

The notes at the end of this form explain that a Vaccine Damage Payment may affect other benefits.

Part 7 Declaration

Are you the disabled person?

No ☐ Please read and sign **Declaration A1** and then go to **Part 8**.

Yes ☐ Please read and sign **Declaration A2** and then go to **Part 9**.

Declaration A1

I **claim payment** in respect of damage caused to the disabled person by vaccination, details of which I have given in **Part 3** on behalf of the person named in **Part 2**.

I **declare** that all statements given on this form are, to the best of my knowledge, correct.

I **agree** that

- the Department for Work and Pensions
- any doctor advising the Department
- any organisation with which the Department has a contract for the provision of medical services or any doctor providing services to that organisation

may ask any of the people or organisations mentioned on this form for any information which is needed to deal with

- this claim for a Vaccine Damage Payment or
- any request for this claim to be looked at again

and that such information may be given to that doctor or organisation or to the Department.

Your signature

Date

Your name

The name of the disabled person
IN BLOCK CAPITALS

Your relationship to the disabled person
IN BLOCK CAPITALS

Now please go to **Part 8**.

Declaration A2

I **claim payment** in respect of damage caused by vaccination, details of which I have given in **Part 3**.

I **declare** that all statements given on this form are, to the best of my knowledge, correct.

I **agree** that

- the Department for Work and Pensions
- any doctor advising the Department
- any organisation with which the Department has a contract for the provision of medical services or any doctor providing services to that organisation

may ask any of the people or organisations mentioned on this form for any information which is needed to deal with

- this claim for a Vaccine Damage Payment or
- any request for this claim to be looked at again

and that such information may be given to that doctor or organisation or to the Department.

Your signature

Date

Your name

Now please go to **Part 9**.

Part 8 Medical consent

Is the disabled person aged 16 or over?

No ☐ Please sign **Declaration B1**.

Yes ☐ Please go to **Medical consent** below.

Medical consent

The law says that if the disabled person is under 18 years of age, someone must fill in this form for them – whether they can manage their own affairs or not. But the law about medical consent means that if a person is aged 16 or over and can manage their own affairs, then they should give their own consent for their medical records to be examined.

Is the disabled person able to manage their own affairs?

No ☐ Please complete **Declaration B1**.

Yes ☐ The disabled person must complete **Declaration B2**.

Declaration B1

I confirm that I act on behalf of the disabled person because

- ☐ they are under the age of 16
- ☐ they are over 16 and are unable to manage their own affairs.

I consent to the examination of their medical records in connection with the claim made under the Vaccine Damage Payments Act 1979.

Please tick the box that applies to you

I am the parent or guardian of the vaccinated person. ☐

I have been appointed by a court to manage the affairs of the vaccinated person. ☐

I am the personal representative of the vaccinated person who has died. ☐

Your signature

Date

Your name

Now please go to **Part 9**.

Declaration B2

I consent to the examination of my medical records in connection with the claim made under the Vaccine Damage Payments Act 1979.

Your signature

Date

Your name

Now please go to **Part 9**.

Part 9 How we collect and use information

The Department for Work and Pensions collects information for the purposes of dealing with social security, child support, vaccine-damage issues, employment and training, private pensions policy, retirement planning and the Financial Assistance Scheme. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information
- prevent or detect crime
- protect public funds in other ways, and
- use in research or statistics.

These other organisations include other government departments, local authorities, and private-sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department for Work and Pensions is the Data Controller for the purposes of the Data Protection Act.

If you want to know more about what information we have about you, or the way we use your information, please contact us. You can contact any of our offices and ask for leaflet **GL33 Data Protection Act 1998 – It affects you**. Or you can find a copy of the leaflet on our website. The address is www.dwp.gov.uk

Part 10 The information you have provided

The Department of Health need some information to help them find out more about vaccine damage.

Do you consent to us providing the Department of Health with some information about the disabled person?

No ☐

Yes ☐

The Department of Health will ensure that any information provided under this agreement will be used only for research purposes and that the strictest medical confidence is maintained.

Your signature

Date

/ /

Part 11 What to do now

- Make sure you enclose with this claim form any medical documents and records of vaccinations you want to send us. We can accept photocopies. But do not delay sending in this claim if you are waiting for these documents.
- Check that you have filled in as much of the form as you can and that you have signed and dated it.
- Return this claim form to
Vaccine Damage Payments Unit
Palatine House
Lancaster Road
Preston
PR1 1HB
- If we need any more information we will get in touch with you.
- If you are entitled to a Vaccine Damage Payment we will write to tell you.
- If you are not entitled to a Vaccine Damage Payment we will write to tell you why and what to do if you disagree with the decision.

Other help

The main benefits available specifically for disabled people are Disability Living Allowance, Working Tax Credit. People who provide a substantial amount of care to a disabled person may get Carer's Allowance.

You may also qualify for other benefits such as Income Support, Housing Benefit or Council Tax Benefit.

You can get more information, leaflets and advice about benefits from your Jobcentre Plus or social security office (the number is in the phone book under JOBCENTRE PLUS, SOCIAL SECURITY or BENEFITS AGENCY), or you can ring the Benefit Enquiry Line (BEL) on 0800 88 22 00. The phone call is free. You can also visit our website at www.dwp.gov.uk

If you are disabled you may get special help from the social services department of your local council. The help available depends on local circumstances and their assessment of your needs.

Effect on benefits and tax credits

A payment under the scheme may affect entitlement to

- Income Support
- income-based Jobseeker's Allowance
- Pension Credit
- Child Tax Credit
- Working Tax Credit
- Housing Benefit
- Council Tax Benefit.

The actual effect depends on a number of things, including whether the payment is put into a trust and, if so, the type of trust and the type of payments made from it. You can get more information from the office that pays the benefit.

You must tell the office that pays the benefit about a vaccine damage payment if you or your partner, if you have one, get any of these benefits **and**

- you or your partner are the disabled person, **or**
- the disabled person is treated as part of your family.