

Vaccine Damage Payment Scheme

Claiming on behalf of someone under 16 or unable to manage their own affairs

Complete this claim form if you believe the person you are representing is severely disabled as a result of a vaccine listed within the Vaccine Damage Payments Act 1979 and they are:

- a child under the age of 16; or
- aged 16 or over and unable to manage their own affairs due to their mental health or disability

For a list of vaccines and more advice regarding eligibility, please visit:

www.gov.uk/vaccine-damage-payment/eligibility

For a list of conditions that have met the eligibility criteria for a Vaccine Damage Payment, visit:

www.nhsbsa.nhs.uk/claim-vaccine-damage-payment

You can complete a claim for a Vaccine Damage Payment online at:

www.nhsbsa.nhs.uk/claim-vaccine-damage-payment

This form is for claiming on behalf of someone who is under 16 or unable to manage their own affairs. If you are claiming on your own behalf, or on behalf of someone who has died, please complete the appropriate form at: **www.nhsbsa.nhs.uk/claim-vaccine-damage-payment**

If you need help with completing this form, please contact the Vaccine Damage Payment Scheme:

Email - **vdps@nhsbsa.nhs.uk**

Telephone - 0300 330 0013

Time limits on making a claim

You can only claim for a child once they are 2 years old.

To claim for an adult, apply by whichever is the latest of the following dates:

- on or before their 21st birthday
- within 6 years of the vaccination

What you'll need to make a claim

We must receive a copy of a document that shows you manage the disabled person's affairs before we can progress your claim.

If the disabled person is under 16, you must provide a copy of their birth certificate.

If the disabled person is 16 or over, you must provide one of the following documents:

- property and financial affairs lasting power of attorney
- property and financial affairs court order (deputyship)

We are unable to progress your claim until we have received the required documents. We are unable to progress your claim until we have received the required documents.

To help assess your claim, you need to send us information about the disabled person and their medical history. You may find it useful to collect this information before you begin:

- their NHS number, if you have it
- details of the vaccine you believe caused the person to become severely disabled
- the name and address of their GP
- the name, address and contact details of hospitals or other healthcare providers who have treated them

Visit www.nhs.uk/find-nhs-number to request a reminder of an NHS number. You should also be able to find the disabled person's NHS number on any letter or document they have received from the NHS, including prescriptions, test results, and hospital referral or appointment letters.

If you withhold information or provide false or misleading information relating to the claim, you may be liable to prosecution and your application withdrawn.

Additional evidence to support the claim

You can also upload documents that you think will help us complete the claim. For example:

- letters or emails from private medical consultants
- articles from journals
- things you or someone else has written documenting the person's condition after having the vaccine

We need your consent to access the disabled person's medical records

A claim for a Vaccine Damage Payment can only be assessed once we have received a full set of medical records for the disabled person.

We do not know which healthcare providers the disabled person has received treatment from. You must therefore provide a full list and contact information for all NHS and private healthcare providers, mental health services and other providers who have been involved in any care or treatment before and after the vaccine.

To get the disabled person's medical records, we will use the information you give us to write to their GP and other healthcare providers. This might involve completing a subject access request (SAR). We need your permission to do this.

By consenting, you confirm you are the legal representative of the disabled person and:

- have capacity to give consent for access to the disabled person's medical records
- permit us to complete a SAR to access the disabled person's medical records

Capacity to give consent means you are able to use and understand information to make a decision, and to communicate any decision. You can find more information about this in the Mental Capacity Act 2015.

Information about your rights and how we store your data while we process this claim is available at:

www.nhsbsa.nhs.uk/our-policies/privacy

I consent to the disabled person's medical records being requested

How to withdraw your consent

Once you have given consent for us to access medical records, you can withdraw it at any time. You can do this by writing to us.

If you withdraw your consent this will affect our ability to progress the claim.

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

No

Yes

We cannot accept duplicate claims.

Please email us before completing this claim form at: **vdps@nhsbsa.nhs.uk**

Part 1 - About you, as the person completing the claim form

First name

Surname

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

Date of birth

		/			/				
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NHS number

Your NHS number is a 10 digit number, like 485 777 3456.

This will be used for customer verification when you contact us.

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Address

Postcode

Visit www.nhs.uk/find-nhs-number to request a reminder of your NHS number.

You should also be able to find your NHS number on any letter or document you have received from the NHS, including prescriptions, test results, and hospital referral or appointment letters.

Please provide your email address and telephone number

We'll use your email address to contact you and to keep you updated on the progress of the claim. You will also receive a copy of the independent medical assessment report by email.

You can opt out of emails and choose an alternative way for us to contact you later if you need to.

Email address (if you have one)

Mobile phone number (if you have one)

Home phone number (if you have one)

Your relationship to the disabled person

Part 2 - About the disabled person

The disabled person's first name

Their surname

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

Their date of birth

 / /

Their NHS number

Their NHS number is a 10 digit number, like 485 777 3456.

Their address

Postcode

Visit www.nhs.uk/find-nhs-number to request a reminder of an NHS number. You should also be able to find their NHS number on any letter or document they have received from the NHS, including prescriptions, test results, and hospital referral or appointment letters.

Nominated Person

A nominated person is someone who can contact us about your claim. They could be a family member, a friend or someone helping you. A nominated person will have access to yours and the disabled person's personal information that you have shared with us, and can call or answer the phone and speak to us about all aspects of your claim.

We need you to consent to this.

Would you like to nominate someone who can ask for updates on your behalf?

 No Yes

Please tell us about them below.

Their first name

Their surname

Their date of birth

 / /

Their email address

Their address

Postcode

Their telephone number

Part 3 - About your claim

Why are you making this claim?

- The disabled person received a vaccine.
Please move to the next section.
- The disabled person's mother received a vaccine while pregnant.
Please give details below of the person who received a vaccine.
- The disabled person has been in close physical contact with a person who has received a vaccine against poliomyelitis (Polio) by the orally administered vaccine.
Please give details below of the person who received a vaccine.

The vaccinated person's first name

The vaccinated person's surname

The vaccinated person's date of birth

		/			/				
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The vaccinated person's address

Postcode

Part 4 - About vaccinations

Please provide details of all vaccines that you believe caused the disability and tell us when these vaccines were given. If you cannot remember exactly, tell us when you think it was.

	Date of first vaccine	Date of second vaccine (if applicable)	Date of third vaccine (if applicable)
Coronavirus (COVID-19)			
<input type="checkbox"/> AstraZeneca	/ /	/ /	/ /
<input type="checkbox"/> Pfizer	/ /	/ /	/ /
<input type="checkbox"/> Moderna	/ /	/ /	/ /
<input type="checkbox"/> Other <input type="text"/>	/ /	/ /	/ /
<input type="checkbox"/> Don't know	/ /	/ /	/ /
Diphtheria	/ /	/ /	/ /
Diphtheria, tetanus and pertussis (DTP/triple)	/ /	/ /	/ /
Diphtheria, tetanus, pertussis and polio (DTaP/IPV)	/ /	/ /	/ /
Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib)	/ /	/ /	/ /
Haemophilus influenzae type b (Hib)	/ /	/ /	/ /
Haemophilus influenzae type b, Meningococcal Group C (Hib/Men C)	/ /	/ /	/ /
Human papillomavirus (HPV)	/ /	/ /	/ /
Influenza	/ /	/ /	/ /
Measles	/ /	/ /	/ /
Measles, mumps and rubella (MMR)	/ /	/ /	/ /
Meningococcal Group B (Men B)	/ /	/ /	/ /
Meningococcal Group C (Men C, Men ACWY)	/ /	/ /	/ /
Meningococcal Group W (Men ACWY)	/ /	/ /	/ /
Mumps	/ /	/ /	/ /
Pertussis (whooping cough)	/ /	/ /	/ /
Pneumococcal (PCV)	/ /	/ /	/ /
Poliomyelitis (orally administered)	/ /	/ /	/ /

Rotavirus	/ /	/ /	/ /
Rubella (German measles)	/ /	/ /	/ /
Tetanus	/ /	/ /	/ /
Tetanus, diphtheria and polio (Td/IPV)	/ /	/ /	/ /
Tuberculosis (TB)	/ /	/ /	/ /

The disabled person could get a payment if they are severely disabled and their disability was caused by vaccination against smallpox (up to 1 August 1971) or pandemic influenza A (H1N1) 2009 (swine flu) (up to 31 August 2010). For more information contact us at: **vdps@nhsbsa.nhs.uk**

Part 4 - About vaccinations continued

Were any of these vaccines given outside of the United Kingdom (UK) or the Isle of Man?

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

No

Yes

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

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

England

Scotland

Wales

Northern Ireland

Isle of Man

Were any of these vaccines given as part of medical treatment received because the disabled person or a member of their family was in the British Armed Forces?

No

Yes

If **Yes**, please tell us about them.

If your claim is in relation to a COVID-19 vaccine, has the disabled person been diagnosed with any of the following?

You do not need to complete this question if your claim does not relate to a COVID-19 vaccine.

Select all options that are relevant. Selecting any of these conditions does not automatically mean your claim meets the criteria to receive a Vaccine Damage Payment.

- Anaphylaxis
- Bell's Palsy
- Blood clotting disorders
- Capillary Leak Syndrome
- Cerebral Venous Sinus Thrombosis (CVST)
- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- Cutaneous Vasculitis
- Delayed hypersensitivity
- Guillain-Barré Syndrome (GBS)
- Immune Thrombocytopenic Purpura (ITP)
- Menorrhagia
- Myocarditis
- Narcolepsy
- Pericarditis
- Shoulder Injury Related to Vaccine Administration (SIRVA)
- Tinnitus
- Transverse Myelitis
- Vaccine-Induced Immune Thrombocytopenia and Thrombosis (VITT)
- None of the above

Please tell us what happened after the disabled person received the vaccine that you believe caused the disability.

Tell us about how you believe the vaccine caused severe disability. Provide as much detail as you can. As a minimum, you must include:

- What condition(s) do you believe the disabled person has suffered as a direct result of receiving the vaccine?
- How soon after the vaccine did it happen? What date did symptoms start?
- How do you believe the disabled person's condition has changed over time as a direct result of receiving the vaccine?
- Has the disabled person received medical treatment for their condition(s)? If so, please provide details of the treatment received.
- Is the disabled person receiving ongoing care for their condition(s)? If so, please provide details of the ongoing care received.

Continue on a separate sheet of paper if needed. Make sure you sign and date it, and write your full name and NHS number on it.

You can email us any documents or evidence that you think might support this claim at:
vdps@nhsbsa.nhs.uk

Part 5 - About the disabled person's healthcare providers

The disabled person's GP or doctor

To complete an independent medical assessment for a Vaccine Damage Payment, we need a copy of the disabled person's full medical records.

We will use this information to request medical records. A claim for a Vaccine Damage Payment can only be assessed once we have received the disabled person's full medical history.

GP or doctor's name

GP or doctor's phone number

GP email address, if you know it

GP or doctor's address

Postcode

The disabled person's child health clinic if claiming on behalf of a child under the age of 16

Name of child health clinic

Email address, if you know it

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 if claiming on behalf of a child under the age of 16

Please give details of the last school they attended.

Name of school

Address of school

Postcode

This information is needed to assist in tracing the child's health records.

About the hospitals the disabled person has attended

Please tell us about any hospitals the disabled person attended because of the disability that this claim relates to. Continue on a separate sheet of paper if needed. Make sure you sign and date it, and write your full name and NHS number on it.

We will use this information to contact them to request medical records. A claim for a Vaccine Damage Payment can only be assessed once we have received the disabled person's full medical history.

Name and address of hospitals	Hospital reference numbers	Dates of visits or stays in hospital
		/ /
Postcode		/ /
Consultant's name		
		/ /
Postcode		/ /
Consultant's name		
		/ /
Postcode		/ /
Consultant's name		
		/ /
Postcode		/ /
Consultant's name		
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Postcode		/ /
Consultant's name		
		/ /
Postcode		/ /
Consultant's name		

About the disabled person's other healthcare providers

Please list all other healthcare providers involved in the disabled person's care. This might include physiotherapists, optometrists, mental health professionals or private medical practitioners.

Continue on a separate sheet of paper if needed. Make sure you sign and date it, and write your full name and NHS number on it.

We will use this information to contact them to request medical records. A claim for a Vaccine Damage Payment can only be assessed once we have received the disabled person's full medical history.

Name

Telephone number

Address

Email address

Postcode

Name

Telephone number

Address

Email address

Postcode

Name

Telephone number

Address

Email address

Postcode

Name

Telephone number

Address

Email address

Postcode

Part 6 - Declaration

I understand that to qualify for a Vaccine Damage Payment, it needs to be shown that:

- on the balance of probabilities, the vaccine caused disability, and
- the resulting disablement is severe (60% or more)

Severely disabled means at least 60% disabled, assessed for the purposes of schedule 2 of The Social Security (General Benefit) Regulations 1982 (legislation.gov.uk), which have been developed by the Department of Work and Pensions (DWP).

A claim under the Vaccine Damage Payments Act 1979 will be considered using the criteria of the scheme. All eligible claims considered will be provided with an outcome that will advise whether on the balance of probabilities, long term severe disablement has resulted from the vaccine. A claim in relation to the administration of the vaccine – the act of vaccinating a patient – will not be considered eligible. A Vaccine Damage Payment Scheme claim is not an allegation of negligent clinical care.

I confirm the following:

- I am acting on behalf of the disabled person, named in Part 2, because they are not capable of giving their own consent to access to their medical records. I confirm that I have the authority to act on their behalf.
- I am the personal representative of the disabled person.
- I am not aware that any other person has applied for, or is entitled to apply for, a Lasting Power of Attorney or Deputyship, in respect of the disabled person's affairs.
- I acknowledge that any payment made will be to the disabled person, or joint bank account, and not my own.
- In the circumstance it comes to light that I am not the individual managing the affairs of the disabled person, I understand that the disabled person will be liable to repay the full amount of £120,000 if the claim is successful.

I consent to the access and examination of the vaccinated person's full medical records in connection with the claim or any request for reversal or appeal made under the Vaccine Damage Payments Act 1979. I give consent and authority to the following to access the full medical records:

- the NHS Business Services Authority (NHSBSA)
- any doctor advising the NHSBSA
- any organisation with which the NHSBSA has a contract for the provision of medical services, or any doctor providing services to that organisation

I also give them consent and authority to contact and/or to make a subject access request to the people and organisations mentioned on this form for any information which is needed to deal with (either):

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

I consent and give authority that such information may be given to that doctor, organisation, or the NHS Business Services Authority to help carry out its policy responsibilities for the Vaccine Damage Payment Scheme.

I understand that, under the Vaccine Damage Payment Scheme, an independent medical assessor requires access to the full medical records to make an assessment of the claim and also to consider whether the vaccinated person has any relevant medical history or pre-existing conditions that are not caused by the vaccine, and which may impact the claim. I understand that the full medical records will be accessed as part of this claim, and that this includes the full medical history prior to vaccination.

I declare that the information given within this claim is complete and accurate. I understand if I withhold information, provide false or misleading information relating to the claim I may be liable to prosecution and the application withdrawn.

I understand that the NHSBSA may use and share information I provide in relation to this claim internally and with the Department of Health and Social Care (DHSC), relevant NHS organisations and counter fraud services for the purposes of the prevention, detection, loss measurement, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

By agreeing with and signing this declaration, I accept and agree to all the conditions specified above.

I will provide one of the following documents to allow medical records to be requested on behalf of the disabled person:

- lasting power of attorney
- deputyship
- marriage certificate
- joint tenancy
- joint bill

We may ask additional questions or request additional documents to prove you manage the estate of the individual.

For more information on how medical records are used to assess a claim, visit:

www.nhsbsa.nhs.uk/vaccine-damage-payment-scheme-vdps-claim-process

Your signature

Date

		/			/				
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Your name

Now go to **Part 7**.

Part 7 - How we collect and use information

The NHS Business Services Authority collects information to deal with claims for Vaccine Damage Payment:

- to assess and make a decision on your claim
- to deal with any appeal

The Department of Health and Social Care may access your information in order to help it carry out its policy responsibilities for the Vaccine Damage Payment Scheme.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to. To find out more about how we use information, visit our website www.nhsbsa.nhs.uk/vdps-privacy-notice or contact us.

Part 8 - 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 only accept photocopies.
- 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 Payment Scheme
NHS Business Services Authority
Unit 5, Greenfinch Way
Newcastle Upon Tyne
NE15 8NX
- 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 disabled person may be eligible to apply for other benefits. The Vaccine Damage Payment Scheme is a one-off payment. It is not designed to provide long-term relief for those with a disability or long-term health condition.

- If the disabled person lives in England or Wales, visit **www.gov.uk/financial-help-disabled**
- If the disabled person lives in Scotland, visit: **www.mygov.scot/adult-disability-payment**
- If the disabled person lives in the Isle of Man, visit: **www.gov.im/categories/benefits-and-financial-support/illness-and-disabilities/disability-living-allowance/**
- If the disabled person lives in Northern Ireland, visit: **www.nidirect.gov.uk/information-and-services/benefits-and-financial-support/disability**