

Vaccine Damage Payment Scheme

Your claim form for a Vaccine Damage Payment

Claiming for yourself

Complete this claim form if you believe you are severely disabled as a result of a vaccine listed within the Vaccine Damage Payments Act 1979. For a list of vaccines and more advice regarding eligibility, please visit: [**www.gov.uk/vaccine-damage-payment/eligibility**](http://www.gov.uk/vaccine-damage-payment/eligibility)

You can complete a claim for a Vaccine Damage Payment online at [**www.nhsbsa.nhs.uk/claim-vaccine-damage-payment**](http://www.nhsbsa.nhs.uk/claim-vaccine-damage-payment)

If you are claiming on behalf of someone else, please complete the appropriate form at: [**www.nhsbsa.nhs.uk/claim-vaccine-damage-payment**](http://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**](mailto:vdps@nhsbsa.nhs.uk)
Telephone - 0300 330 0013

You must send the completed claim form to the Vaccine Damage Payment Scheme to arrive no later than:

- the end of the 6 year period, which started on the date of the vaccination to which the claim relates; or
- 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, whichever is the latest date.

What you'll need to make a claim

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

- your NHS number, if you have one
- details of the vaccine you believe caused the severe disability
- the name and address of your GP
- the name, address and contact details of hospitals or other healthcare providers who have treated you

Part 1 - About you

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

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NHS number

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

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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 your claim. You will also receive a copy of the independent medical assessment report by email.

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

Email address (if you have one)

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Mobile phone number (if you have one)

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Home phone number (if you have one)

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Nominated person

Would you like to nominate a person to request updates on your behalf?

This can include:

- asking for updates and information about your claim
- submitting a claim on your behalf

No

Yes - Please tell us about your nominated person below.

Their surname or family name

First names in full

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

Their address

Their date of birth

 / /

Their email address (if they have one)

Their telephone number (if they have one)

We'll use your nominated person's email address to contact them to keep them updated about the progress of your claim.

If you would prefer us to contact them another way, you can request this later if you need to.

Part 2 - About your claim

Have you ever made a claim under the Vaccine Damage Payment Scheme before?

No

Yes - Please tell us the reference number

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

I received a vaccine.

My mother received a vaccine while pregnant. Please give details below of the person who received the vaccine.

I have been in close physical contact with a person who received a vaccine against poliomyelitis (Polio) by the orally administered vaccine. Please give details below of the person who received the vaccine.

The vaccinated person's surname or family name

First names in full

The vaccinated person's date of birth

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The vaccinated person's address

Postcode

Part 3 - 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.

	First time	Second time	Third time
Coronavirus (COVID-19)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Diphtheria	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Diphtheria, tetanus and pertussis (DTP/triple)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Diphtheria, tetanus, pertussis and polio (DTaP/IPV)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Haemophilus influenzae type b (Hib)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Haemophilus influenzae type b, Meningococcal Group C (Hib/Men C)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Human papillomavirus (HPV)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Influenza	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Measles	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Measles, mumps and rubella (MMR)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Meningococcal Group B (Men B)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Meningococcal Group C (Men C, Men ACWY)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Meningococcal Group W (Men ACWY)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Mumps	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Pandemic influenza A (H1N1) 2009 (swine flu) up to 31 August 2010	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Pertussis (whooping cough)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Pneumococcal (PCV)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Poliomyelitis (orally administered)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Rotavirus	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Rubella (German measles)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Tetanus	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Tetanus, diphtheria and polio (Td/IPV)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Tuberculosis (TB)	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>

Part 3 - 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 - Please tell us about them below.

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.

We only ask for this information to record how many claims are made in each country. It will not change your claim.

England

Scotland

Wales

Northern Ireland

Isle of Man

Were you given any of these vaccines as part of medical treatment received because you or a member of your family were in the British Armed Forces?

No

Yes - Please tell us about them below.

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

Part 4 - About people we may get in touch with

A claim for a Vaccine Damage Payment can only be assessed once we have received your full medical records.

To get these we will use the information you give us to write to your 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 disabled person
- are over the age of 16
- have capacity to give consent for access to your medical records
- permit us to complete a subject access request (SAR) to access your 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.***

Visit our website for more information about your rights and how we store your data while we process this claim.

How to withdraw your consent

Once you have given consent for us to access your 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 your claim.

Your GP or doctor

To complete an independent medical assessment for a Vaccine Damage Payment, we need a copy of your full medical records.

GP or doctor's name

GP or doctor's phone number

GP email address, if you know it

GP or doctor's address

<input type="text"/>
Postcode

About the hospitals you have attended

Please tell us about any hospitals you have attended because of the disability that this claim relates to. Continue on a separate sheet if needed.

Name and address of hospitals

Postcode

Postcode

Postcode

Postcode

Postcode

Postcode

Postcode

Hospital reference numbers

Dates of visits or stays in hospital

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Consultant's name

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Consultant's name

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Consultant's name

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Consultant's name

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Consultant's name

Part 5 - Declaration

I consent to the access and examination of my 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 my 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 make a subject access request to the people and organisations mentioned on this form on my behalf 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 my full medical records to make an assessment of my claim and also to consider whether I have any relevant medical history or pre-existing conditions that are not caused by the vaccine and which may impact my claim. I understand that my full medical records will be accessed as part of this claim, and that this includes 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 my claim I may be liable to prosecution and my 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), NHS England (NHSE) and NHS Counter Fraud Authority (NHSCFA) 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.

For more information on how your 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 6**.

Part 6 - 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 7 - 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
Newburn Industrial Estate
Newburn
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 main benefits available specifically for disabled people are:

- Disability Living Allowance
- Personal Independence Payment
- Armed Forces Independence Payment
- 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 or Housing Benefit. For more information and advice about benefits:

- contact Jobcentre Plus
- visit the website at [**www.gov.uk/browse/benefits**](http://www.gov.uk/browse/benefits)

If you wish to apply for a reduction in your Council Tax, or find out more about it, please contact your local authority.

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.