

Vaccine Damage Payment Scheme

Your claim form for a Vaccine Damage Payment on behalf of someone who has died

Use this form if the person you are representing was vaccinated in Jersey **on or after 1 December 2020**. You are unable to claim for a vaccine administered before this date. We will confirm with the Government of Jersey's public health team that the person you are representing received an eligible vaccine in Jersey. Your claim can only be progressed once we receive confirmation from them.

You do not need a legal representative to submit a claim.

If the person you are representing was vaccinated in the UK or Isle of Man, complete the appropriate form at: www.nhsbsa.nhs.uk/claim-vaccine-damage-payment

Complete this claim form if you believe the person you are representing was severely disabled as a result of a vaccine listed on the Government of Jersey website. For a list of vaccines and advice regarding eligibility, please visit: www.gov.je/Benefits/SicknessInjury/Pages/VaccineDamagePayment.aspx

This form is for claiming on behalf of someone who has died. If you are claiming on your own behalf, or on behalf of someone who is not capable of managing their own affairs, please complete the appropriate form at: www.nhsbsa.nhs.uk/vaccine-damage-payment-jersey

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

Email - vdpsjersey@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
- if the disabled person has died, the date they would have reached the age of 21, whichever is the latest date.

To claim for a Vaccine Damage Payment on behalf of someone who has died, you must be managing their estate. You must therefore send us a copy of their death certificate and one of the following documents:

- letters of administration
- Last Will and Testament
- grant of probate

- Deed of Trust

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

What you'll need to make a claim

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

- their Social Security number
- their NHS number, if you have it
- details of the vaccine you believe caused the severe disability
- the name and address of the GP practice they were registered with
- the name, address and contact details of hospitals or other healthcare providers who treated them

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

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

Surname or family name

All other names in full

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

Date of birth

 / /

Social Security number

You can find your Social Security number on your registration card.

NHS number (if you have one)

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

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 email 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)

Work phone number (if you have one)

Your relationship to the person who has died

Part 2 - About the person who has died

The surname or family name of the person who has died

First names in full

Any other surnames or family names they have been known by

Their date of death

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Their date of birth

		/			/				
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Social Security number

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You can find their Social Security number on their registration card.

Their NHS number (if they have one)

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

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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.

Has the person who has died, or anyone acting on their behalf, ever made a claim under the Vaccine Damage Payment Scheme before?

No

Yes - Please tell us the reference number

Part 2 - About the person who has died continued

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

- The person who has died received a vaccine.
- The mother of the person who has died received a vaccine while pregnant. Please give details below of the person who received a vaccine.
- The person who has died had 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 surname or family name

First names in full

The vaccinated person's 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"/>
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The vaccinated person's address

<input type="text"/>
Postcode

Part 3 - About the nominated person

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

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 4 - About vaccinations

Please provide details of all vaccines that you believe are relevant to this claim 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)	/ /	/ /	/ /
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)	/ /	/ /	/ /

Part 4 - About vaccinations continued

Were any of these vaccines given outside of Jersey?

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.

**Please tell us what happened after the vaccination that you believe this claim relates to.
Include the name of the vaccine manufacturer if you know it.**

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

Part 5 - About people we may get in touch with

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

To get these, 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 claiming on behalf of someone who has died
- you manage their estate
- have capacity to give consent for access to their medical records
- permit us to complete a subject access request (SAR) to access their 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 Capacity and Self-Determination (Jersey) Law 2016.***

Visit the Government of Jersey's website for more information about your rights and how your data is stored while we process this claim.

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.

The GP or doctor of the person who has died

To complete an independent medical assessment for a Vaccine Damage Payment, we need copies of their 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

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 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 person who has died attended

Please tell us about any hospitals the person attended for treatment that this claim relates to. Continue on a separate sheet if needed.

Name and address of hospitals

<input type="text"/>
Postcode

<input type="text"/>
Postcode

<input type="text"/>
Postcode

<input type="text"/>
Postcode

<input type="text"/>
Postcode

<input type="text"/>
Postcode

Hospital reference numbers

Consultant's name

Consultant's name

Consultant's name

Consultant's name

Consultant's name

Consultant's name

Dates of visits or stays in hospital

Part 6 - Declaration

I confirm that I am acting on behalf of the person who has died, named in Part 2, and I manage their estate. 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 Government of Jersey
- the NHS Business Services Authority (NHSBSA) acting on behalf of the Government of Jersey
- 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 had any relevant medical history or pre-existing conditions that were 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 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 Government of Jersey 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 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
- any request for this claim to be looked at again

Government of Jersey may access 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 the **Government of Jersey's website** 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
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, the Government of Jersey will write to tell you.
- If you are not entitled to a Vaccine Damage Payment, the Government of Jersey will write to tell you why and what to do if you disagree with the decision.

Notes - For your information

We will confirm with the Government of Jersey's public health team that the person who died received an eligible vaccine in Jersey. Once we received confirmation from them, we will request medical records from the healthcare providers you have listed on this form.

Other help

You may be eligible to apply for a Death Grant. Please ***visit the Government of Jersey's website*** for more information.