

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 or the person you are representing is, 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)

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

Email - [**nhsbsa.vdps@nhs.net**](mailto:nhsbsa.vdps@nhs.net)

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. If you are claiming on behalf of someone who has died, please download and complete the appropriate form.

Someone should fill in this form on behalf of the disabled person if:

- they are a child under the age of 16, or
- they are aged 16 or over and unable to manage their affairs due to a mental health problem or learning disability

You need to include evidence of power of attorney if you are claiming on behalf of someone else.

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

Surname or family name

Mr/Mrs/Miss/Ms

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

Date of birth

		/			/				
--	--	---	--	--	---	--	--	--	--

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.

--	--	--	--	--	--	--	--	--	--

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 at least one telephone number

Mobile phone number (if you have one)

Work phone number (if you have one)

Email address (if you have one)

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**.

Name

All other names in full

Address

Postcode

Address

Postcode

Part 2 - About the disabled person

The disabled person's surname or family name

Mr/Mrs/Miss/Ms

First names in full

Any other surnames or family 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.

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.

Daytime phone number

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 them below.

Their surname or family name

Mr/Mrs/Miss/Ms

First names in full

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

Their date of birth

/ /

Their address

Postcode

Part 2 - About the disabled person continued

Has the disabled person, 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

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

The disabled person was vaccinated.

The disabled person's mother was vaccinated while pregnant. Please give details below of the person who was vaccinated.

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.

The vaccinated person's surname or family name

Mr/Mrs/Miss/Ms

First names in full

The vaccinated person's date of birth

		/			/				
--	--	---	--	--	---	--	--	--	--

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 vaccinations 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

Is the disabled person in the armed forces and were any of these vaccinations given whilst working outside the United Kingdom (UK) and the Isle of Man?

No

Yes - Please tell us about them below.

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 them 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 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

Part 3 - About vaccinations continued

Please tell us what happened after the vaccination 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

The disabled person's GP or doctor

GP or doctor's name

GP or doctor's address

GP or doctor's phone number

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

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 school the disabled person attends, or if they have now left, the last school they attended.

Name of school

Address of school

Postcode

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

Part 5 - About 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 needed.

Name and address of hospitals

Postcode

Postcode

Postcode

Postcode

Postcode

Postcode

Postcode

Hospital reference numbers

Consultant's name

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 - Effect on benefits you receive

If your claim is successful, a Vaccine Damage Payment can affect your benefits and entitlements like:

- Income Support
- Income-based Jobseeker's Allowance
- Working Tax Credit
- Child Tax Credit
- Universal Credit
- Pension Credit
- Housing Benefit
- Council Tax Reduction
- Employment and Support Allowance

If you get a Vaccine Damage Payment, you must tell the office that deals with your benefit or tax credit claim. You can get contact details from letters they have sent you.

Part 7 - Declaration

Declaration A1

I confirm that I am acting on behalf of the disabled person, named in **Part 2**, because they are not capable of giving their own consent for access to their medical records. I consent to the access and examination of their medical records in connection with the claim or any appeal made under the Vaccine Damage Payments Act 1979.

I give consent and authority to the following to access the medical records:

- the NHS Business Services Authority
- any doctor advising the NHS Business Services Authority
- any organisation with which the NHS Business Services Authority 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 make a subject access request to the people and/or 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 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 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. I understand that if I withhold information or provide false or misleading information, I may be liable to prosecution and / or civil proceedings.

Your signature

Date

		/			/				
--	--	---	--	--	---	--	--	--	--

Your name

Name of the disabled person

Your relationship to the disabled person

Now go to **Part 8**.

Part 8 - 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 our office.

Part 9 - 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. 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 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.

Notes - For your information

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

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.

Effect on benefits and tax credits

You may find your benefits and tax credits change as a result of this payment. A payment under the scheme may change how much you get. Benefits that might change include:

- Income Support
- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- Universal Credit
- Pension Credit
- Child Tax Credit
- Working Tax Credit
- Housing Benefit

The changed amount 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.

A Vaccine Damage Payment could also affect any entitlement to a reduction in Council Tax. To find out more about it, please contact the local authority.

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.