Department of Education

DATE OF RECEIPT
Office Use Only

NORTHERN IRELAND TEACHERS' PENSION SCHEME

CONTINGENT DECISION REQUEST FORM

As part of the rectification of the discrimination that occurred because of Transitional Protection, some members may wish us to consider a Contingent Decision request. A Contingent Decision is where you ask us to reconsider a decision or action you have taken, or a decision or action you were prevented from taking, due to the discrimination resulting from Transitional Protection.

All requests will be considered on a case-by-case basis.

If you wish to submit a Contingent Decision request, please compete this form and send with any supporting evidence to:

By post

Teachers' Pay & Pensions Team, Department of Education, Orchard House, 40 Foyle Street, Londonderry, BT48 6AT.

By email

NITPS.McCloud@education-ni.gov.uk

PART 1 – PERSONAL DETAILS

1. TEACHER REFERENCE NUMBER	
2. TITLE	
3. SURNAME	
4. FORENAME	
5. DATE OF BIRTH	
6. NATIONAL INSURANCE NUMBER	
7. CURRENT ADDRESS	
8. TELEPHONE NUMBER	

9. PERSONAL EMAIL ADDRESS	

PART 2 – CONTINGENT DECISION REQUEST

Please tell us the reason(s) for your Contingent Decision request, clearly stating how your decision or action was due to the discrimination. You will need to outline your original action/decision and the different action/decision you would have taken.

10. Please give a brief outline of your claim.

    This should include:

    - Details of the action taken, or decision made.
    - What you would have done differently, and
    - How this relates specifically to the discrimination that occurred because of Transitional Protection.

11. Please provide the full details, sequence of events, which support your Contingent Decision request.

12. Please state what supporting evidence or justification you are supplying to support your Contingent Decision request (enclose copies of any written/documentary evidence). Please do not send original documents as these will not be returned to you.

PART 3 – DECLARATION

I declare that:

- I am the person making the claim.
- The information I have given in this application form is correct and complete to the best of my knowledge and belief.
- I understand I should not send original evidence documents and that any copies will not be returned to me.
- I have supplied any evidence I have to support this claim and understand that the outcome will be based upon the information I have supplied at the time of the application.

13. SIGNATURE	
14. DATE	