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SCHEDULE 2

Regulation 2(3)

FORMS FOR USE IN PROCEEDINGS IN CONNECTION WITH REPRESENTATIONS AND APPLICATIONS

FORM 1 REPRESENTATIONS

Regulation 4(1)(a)

To the Tribunal constituted under Schedule 11 to the Health and Personal Social Services (Northern Ireland) Order 1972.

Representations of

..... Complainant

against

..... Respondent

A (1) [an / applying for inclusion or (2)] the (3) list of Board.

1. The complainant represents: (4)

(a) the continued inclusion of the respondent in the list referred to would be prejudicial to the efficiency of services which those included in the list undertake to provide or are approved to assist in providing.

(b) the respondent has (whether on the respondent's own or together with another) by an act or omission caused, or risked causing, detriment to a health scheme by securing or trying to secure for the respondent or another a financial or other benefit, and knew that the respondent or (as the case may be) the other was not entitled to the benefit.

2. The facts and grounds upon which the representations are based are as follows –

..... (5)

3. The documents of which 2 copies of each accompany this representation shall be produced in evidence in support of the representation (6).

Signed Complainant

Dated

Notes

(1) State whether the respondent is a general medical practitioner, dentist, ophthalmic medical practitioner, optician, pharmacist or pharmacist contractor.

(2) Delete whichever is inapplicable.

(3) State whether the list is the medical, dental, ophthalmic or pharmaceutical.

(4) Delete whichever of (a) or (b) is inapplicable (if either).

(5) Paragraph 2 of the representation must contain a concise statement of the alleged facts and grounds upon which the complainant intends to rely.

(6) If any document to be put in evidence is of a nature which renders it difficult to make or obtain a copy of it, you are not required to submit copies of any such document.

FORM 2 NOTICE OF REPRESENTATIONS

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Regulation 7(1)(a)

Notice to of representations.

Representations of

. Complainant

against

Respondent

A (2) [on / applying for inclusion on (3)] the (4) list of Board.

1. On behalf of the Tribunal constituted under Schedule 11 to the Health and Personal Social Services (Northern Ireland) Order 1972 I enclose –

- (a) a copy of representations that (5)
 - (i) your continued inclusion in the list referred to would be prejudicial to the efficiency of services which those included in the list undertake to provide or are approved to assist in providing;
 - (ii) you have (whether on your own or together with another) by an act or omission caused, or risked causing, detriment to a health scheme by securing or trying to secure for yourself or another a financial or other benefit and knew that you or (as the case may be) the other was not entitled to the benefit

which representation was submitted to the Tribunal by the complainant on (6);

- (b) a copy of each document which accompanied the representation (7).

2. The Tribunal intends to hold an inquiry in relation to the representation and notice will be sent to you not less than 2 weeks before the date on which the inquiry will commence.

3. You may, if you so desire, submit to me within 4 weeks from the date of receipt of this notice a written statement-in-answer and 2 copies of each document which you propose to put in evidence (8).

Signed

Dated

Notes

- (1) The full name of the respondent should be inserted.
- (2) State whether the respondent is a general medical practitioner, dentist, ophthalmic medical practitioner, optician, pharmacist or pharmacist contractor.
- (3) Delete whichever is inapplicable
- (4) State whether the list is the medical, dental, ophthalmic or pharmaceutical.
- (5) Delete whichever of (i) or (ii) is inapplicable (if either).
- (6) State the date on which the representation was submitted.
- (7) The complainant may intend to put in evidence documents or material which it is difficult to make or obtain a copy of. If this is the case, the Tribunal will inform you accordingly.
- (8) If any document to be put in evidence is of a nature which renders it difficult to make or obtain a copy of it, you are not required to submit copies of any such document.

FORM 3 NOTICE OF REPRESENTATIONS

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Regulation 7(2)(a)

Notice to (1) Board .

Representations of –

. Complainant

against

. Respondent

A (2) on the list(4) of Board(s) (4).

1. On behalf of the Tribunal constituted under Schedule 11 to the Health and Personal Social Services (Northern Ireland) Order 1972, I hereby give you notice that representations have been made by to the Tribunal that (5)

- (a) the inclusion of the respondent in the list referred to would be prejudicial to the efficiency of services which those included in the list undertake to provide or are approved to assist in providing;
- (b) the respondent has (whether on the respondent's own or together with another) by an act or omission caused, or risked causing, detriment to a health service by securing or trying to secure for the respondent or another a financial or other benefit, and knew that the respondent or (as the case may be) the other was not entitled to the benefit.

I enclose a copy of the representations and a copy of each document which accompanied them.

2. The Tribunal intends to hold an inquiry in relation to the representations and notice will be sent to you not less than 2 weeks before the date on which the inquiry will commence.

3. Board, if they so desire, submit to me within 4 weeks from the date of receipt of this notice a written statement.

4. If any documents are to be put in evidence in support of the statement, 2 copies of each such document must accompany the statement (6).

5. Board are entitled to be represented and take part in the proceedings at the inquiry as the Tribunal shall think proper.

Signed

Dated

Notes

- (1) State the name of the Board to which the notice is being sent.
- (2) State whether the respondent is a general medical practitioner, dentist, ophthalmic medical practitioner, optician, pharmacist or pharmacist contractor.
- (3) State whether the list is the medical, dental, ophthalmic or pharmaceutical.
- (4) State the name of each Board in whose list the respondent's name is included.
- (5) Delete whichever of (a) or (b) is inapplicable (if either).
- (6) If any document to be put in evidence is of a nature which renders it difficult to make or obtain a copy of it, the Board is not required to submit copies of any such document.

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Regulation 10(b)

Notice to (1) of date fixed for an inquiry to commence.

Representations of –

..... Complainant

against

..... Respondent

A (2) [on / applying for inclusion on (3)] the list(4) of Board.

On behalf of the Tribunal constituted under Schedule 11 to the Health and Personal Social Services (Northern Ireland) Order 1972, I hereby give you notice that an inquiry in relation to the representation made

[by you with respect to](5)

[by with respect to you,](6)

[by with respect to the respondent,](7)

will commence on day,

the day of 20..... at a.m./p.m.

at

Signed

Dated

Notes

(1) The full name of the complainant, the respondent, or any other Board concerned, as the case may be, should be inserted.

(2) State whether the respondent is a general medical practitioner, dentist, ophthalmic medical practitioner, optician, pharmacist or pharmacist contractor.

(3) Delete whichever is inapplicable

(4) State whether the list is the medical, dental, ophthalmic or pharmaceutical.

(5) Delete these words in a notice being sent to the respondent or, where applicable, any other Board:

(6) Delete these words in a notice being sent to the complainant, or where applicable, any other Board.

(7) Delete these words in notices being sent to the complainant and respondent.

FORM 5 APPLICATION TO THE TRIBUNAL FOR A REVIEW

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Regulation 22(1)(a)

To the Tribunal constituted under Schedule 11 to the Health and Personal Social Services (Northern Ireland) Order 1972.

Application of—

.....

1. The applicant applies to the Tribunal for a review under paragraph 5 (review etc. of disqualification of Schedule 11 to the said Order) of the decision of the Tribunal made on (1) in respect of (2).

2. The facts and grounds upon which the application is based are as follows (3).

3. The documents of which 2 copies of each accompany this application shall be produced in evidence in support of the application (4).

Signed Applicant

Dated

Notes

- (1) State the date on which the Tribunal made the relevant decision.
- (2) State the full name of the practitioner in respect of which the application relates.
- (3) Paragraph 2 of the application must contain a concise statement of the alleged facts and grounds upon which the Applicant intends to rely.
- (4) If any document to be put in evidence is of a nature which renders it difficult to make or obtain a copy of it, you are not required to submit copies of any such document.

FORM 6NOTICE OF AN APPLICATION

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Regulation 22(4)(a)

Notice to (1) of an application.

Application of
.....

1. On behalf of the Tribunal constituted under Schedule 11 to the Health and Personal Social Services (Northern Ireland) Order 1972 I enclose –

- (a) a copy of an application for a review under paragraph 5 (review etc. of disqualification) of Schedule 11 to the said Order of the decision of the Tribunal made on (2) in respect of (3).
- (b) a copy of each document which accompanied the application 4.

2. The Tribunal intends to hold an inquiry in relation to the application. A notice will be sent to you not less than 2 weeks before the date on which the inquiry will commence.

Signed

Dated

Notes

- (1) The full name of the respondent or, as the case may be, the appropriate Board should be inserted.
- (2) State the date on which the Tribunal made the relevant direction.
- (3) State the full name of the practitioner in respect of which the application relates.
- (4) The applicant may intend to put in evidence documents or material which it is difficult to make or obtain a copy of. If this is the case, the clerk to the Tribunal will inform you accordingly.

FORM 7 NOTICE OF INQUIRY

Regulation 22(5)(b)

Notice to (1) of date fixed for an inquiry to commence.

Application of –
.....

On behalf of the Tribunal constituted under Schedule 11 to the Health and Personal Social Services (Northern Ireland) Order 1972, I hereby give you notice that an inquiry in relation to the application will commence on day, the day of (2) at an hour of

Signed

Dated

Notes

- (1) The full name of the applicant, the respondent or other appropriate Board (not being the applicant or the respondent), as the case may be, should be inserted.