

**THE SURGICAL SYMPHYSIOTOMY EX GRATIA
PAYMENT SCHEME**

10 November, 2014

Introduction

1. This Scheme implements the decision of the Government in July 2014 to provide *ex gratia* payments to those women who have undergone a surgical symphysiotomy in any hospital in the State within the period covered by the Scheme as set out below and to provide similar payment to the small number of women who have undergone a pubiotomy.

Symphysiotomy Scheme

It is intended that there will be three categories of payment to women who are alive and who have undergone such surgical symphysiotomy.

At the first category A, the only requirement is to establish that the Applicant had the procedure. It is thereafter assumed that she suffered a degree of pain, disability and discomfort. She will not be required to prove this. The only documents required for an award of €50,000 are the Applicant's birth certificate; evidence that she had a surgical symphysiotomy within the State; the correctly filled in application form and Authority and Consent form; the discontinuance of any proceedings claiming damages for surgical symphysiotomy and a waiver. For the removal of doubt, the discontinuance of legal proceedings and the signing of a waiver are only required if the Applicant accepts the award made. It is envisaged that an award under this heading could be made within 20 working days of an application where all documentary conditions are met with payment following shortly after that.

The next category at B is an award of €100,000. For this award, proof is required that, on the balance of probabilities, the Applicant suffered a higher level of adverse consequences, described as significant disability, which is directly attributable to the symphysiotomy. In such case, it will be necessary to provide specialist medical reports to support the claim of significant disability. The other requirements are otherwise the same as those who seek an award under category A.

The third category at C is solely for those women who underwent

symphysiotomy immediately after caesarean section. In such cases, a higher degree of pain, disability and discomfort will be assumed without further proof and all such Applicants will be entitled to an award of €100,000. Each such Applicant will have to establish that she had a surgical symphysiotomy immediately after caesarean section. To receive a higher award of €150,000 such Applicant will have to establish that she suffered additional significant disability which will be established by furnishing appropriate specialist medical reports which outline and confirm such significant disability. The other requirements are otherwise the same as with applications under Category A.

If any Applicants are unable for good reason, such as the non-availability of medical records, to prove the carrying out of surgical symphysiotomy, then the Assessor will accept consultant radiological reports that confirm the Applicant's status as a patient who underwent surgical symphysiotomy. It will however be for the Applicant to provide evidence in support of the fact that such procedure was carried out in the State between 1940 and 1990 and in support of any claim that she suffered significant disability.

Although an Applicant is required to discontinue any legal proceedings in being that concern a symphysiotomy before she can be paid an award, this obligation does not arise unless and until the Applicant has accepted the offer of an award.

The Scheme will be administered by Judge Maureen Harding Clark who is the Assessor, appointed by the Minister. Judge Clark will endeavour to make those *ex gratia* awards to eligible applicants as expeditiously as possible. It is hoped that the Applicants will equally endeavour to provide all required documents to establish their claims at the time of application without the necessity for any further enquiries by Judge Clark. Judge Clark or a member of her team will be available to discuss and assist with any reasonable enquiries.

Pubiotomy Scheme

Introduction

2. This Scheme implements the decision of the Government of 29 October, 2014 to extend the current Scheme, to provide *ex gratia* payments to women who have undergone surgical symphysiotomy, to women who have undergone pubiotomy

in any hospital in the State within the period covered by the Symphysiotomy Payment Scheme.

Category D payments are intended for women who are still alive and who have undergone such pubiotomy. There are two sub-categories of award under Category D. Under P1, the only requirement is to establish that the Applicant had the procedure. It is thereafter assumed that she suffered a high level of pain, disability and discomfort. She will not be required to prove this. The only documents required for an award of €100,000 are the Applicant's birth certificate; evidence that she had a pubiotomy within the State; the correctly filled in application form and authority and consent form; the discontinuance of any proceedings claiming damages for pubiotomy and a waiver. For the removal of doubt, the discontinuance of legal proceedings and the signing of a waiver are only required if the Applicant indicates her intention to accept the award offered. It is envisaged that an award under this heading could be made within 20 working days of an application where all documentary conditions are met with payment following shortly after that.

The second sub-category of award under Category D, that is P2, is for an award of €150,000. For this award, proof is required that, on the balance of probabilities, the Applicant suffered a more significant level of adverse consequences, described as significant disability, which is directly attributable to the pubiotomy. In such case, it will be necessary to provide specialist medical reports to support the claim of significant disability. The other requirements are otherwise the same as those who seek an award under sub-category P1 above.

If any Applicants are unable for good reason, such as the non-availability of medical records, to prove the carrying out of a pubiotomy, then the Assessor will accept consultant radiological reports that confirm the Applicant's status as a patient who underwent pubiotomy. It will however be for the Applicant to provide evidence in support of the fact that such procedure was carried out in the State between 1940 and 1990 and in support of any claim that she suffered significant disability.

Although an Applicant is required to discontinue any legal proceedings in being that concern a pubiotomy before she can be paid an award, this obligation does not arise unless and until the Applicant has indicated in writing her intention to accept the award offered.

The Scheme will be administered by Judge Maureen Harding Clark who is the Assessor appointed by the Minister. Judge Clark will endeavour to make those *ex gratia* awards to eligible Applicants as expeditiously as possible. It is hoped that the Applicants will equally endeavour to provide all required documents to establish their claims at the time of application without the necessity for any further enquiries by Judge Clark. Judge Clark or a member of her team will be available to discuss and assist with any reasonable enquiries.

Definitions

3. In this Scheme-

“Commencement date” means the date appointed by the Minister for Health as the date for the commencement of the Scheme, which is 10 November, 2014.

“The Assessor” means such Surgical Symphysiotomy Payment Scheme Assessor or Assessors as are appointed by the Minister for Health to administer this Scheme.

“The Scheme” means the Surgical Symphysiotomy *ex gratia* Scheme established by the Minister for Health and administered by the Assessor otherwise referred to as the Symphysiotomy Payment Scheme. The Scheme will also include women who underwent a pubiotomy.

“Minister” means the Minister for Health.

“surgical symphysiotomy” means a procedure undertaken for obstetric purposes, involving the cutting of the pubic symphysis, which excludes the spontaneous separation of the pubic symphysis during childbirth.

“pubiotomy” means a procedure undertaken for obstetric purposes, which cuts through the pubic bone.

“significant disability” means medically verifiable physical symptoms and/or conditions directly attributable to the surgical symphysiotomy or pubiotomy and which have had a serious and debilitating effect on the Applicant's quality of life and include, but are not confined to, pelvic instability, pelvic pain, dyspareunia,

urinary incontinence, back pain, pain on walking which continued for more than three years after the surgical symphysiotomy or pubiotomy.

“hospital” means any hospital, nursing home, former hospital or former nursing home whether public, private or otherwise that is or was located in the State.

“supporting documentation” means those medical records and other medical reports, which are required under the terms of this Scheme to substantiate the Applicant’s claim under the Scheme.

“working day” means every day from Monday to Friday inclusive but shall exclude any national holiday. The Christmas period dates of 24 December to 2 January inclusive shall be excluded from the calculation of working days for the purpose of calculating the time limits.

Persons who are eligible to apply for a payment under the Scheme

4. All living women who had a surgical symphysiotomy or pubiotomy at any hospital in the State between the years 1940 and 1990 who comply with the terms of this Scheme are eligible to apply.

No payment unless the Applicant accepts the award made and executes a waiver

5. Payment of any award made under the Scheme is conditional upon the Applicant waiving any claim that she may have against any party arising out of the surgical symphysiotomy or pubiotomy and discontinuing any relevant legal proceedings if proceedings are in being. Such waiver and discontinuence will only be required after a successful application under the Scheme and if the Applicant elects to accept an award made by the Assessor.

Calculation of Payment

6. The Assessor shall determine the amount of the payment to be offered to the Applicant following consideration of the documents furnished. For this purpose the Assessor may consult with relevant medical experts as necessary.

7. The Applicant's eligibility for an award under the Scheme will arise if the Applicant has submitted a valid claim in accordance with the terms of this Scheme and the Applicant has satisfied the Assessor that her claim falls within one of the four under mentioned categories:

A. An award of €50,000 if the Applicant had a surgical symphysiotomy in any hospital in the State between 1940 and 1990; or

B. An award of €100,000 if the Applicant has suffered significant disability as a consequence of having had a surgical symphysiotomy in the State between 1940 and 1990; or

C. An award of €100,000 if the Applicant had a surgical symphysiotomy immediately following a caesarean section in any hospital in the State between 1940 and 1990. If the Applicant has suffered significant disability as a consequence of the surgical symphysiotomy, then this sum shall be increased to €150,000.

D. An award of €100,000 if an Applicant had a pubiotomy in any hospital in the State between 1940 and 1990. If the Applicant has suffered significant disability as a consequence of the pubiotomy, then this sum shall be increased to €150,000.

8. Any award so calculated under Category A, B, C or D is intended to take into account all injury, psychological trauma, and all loss and damage whatsoever suffered by the Applicant arising from the surgical symphysiotomy or pubiotomy.
9. A determination of the Assessor on the amount of an offer is final and no appeal shall lie in respect thereof.

Persons who are not eligible to apply

10. The following women will not be entitled to apply for an award and/or receive any payment under this Scheme:

- i. Any Applicant who fails to make an application after the time fixed

for making such applications has expired.

- ii. Any Applicant who is unable to establish that she has undergone surgical symphysiotomy or pubiotomy within the State between 1940 and 1990.
- iii. Any otherwise eligible Applicant who has already received compensation by way of settlement or court award for any claim which includes a claim for damages arising from a surgical symphysiotomy or pubiotomy performed in the State.

Conditions prior to any payment of an award

- 11. Any eligible Applicant who accepts the offer of an award made to her by the Assessor must indicate her acceptance by signing a deed of waiver and indemnity forfeiting any claim that she may have against any party arising out of the surgical symphysiotomy or pubiotomy and if relevant, discontinuing any legal proceedings arising from such surgical symphysiotomy or pubiotomy within 20 working days of receipt of the letter of offer from the Assessor. Notice of Discontinuance issued from the Central Office of the High Court will be the only acceptable evidence of Discontinuance of Proceedings.
- 12. For the avoidance of doubt: no payment of an award will be made unless the Applicant first complies fully with the requirements of this Scheme and then executes a deed of waiver and indemnity (in the form attached at Schedule 1) and discontinues any proceedings in being that concern a surgical symphysiotomy or pubiotomy.

Legal representation and other costs

- 13. As applications to the Assessor are not intended to be adversarial, it is not envisaged that the Applicant will require legal representation. Nevertheless, an Applicant may wish to consult with a Solicitor and take legal advice and assistance in applying for payment under the Scheme. Where legal advice or assistance is sought in relation to the making or presentation of an application to the Assessor, certain costs arising will be paid in accordance with the provisions in 14 – 16 below.

14. Where the Assessor determines that an Applicant is entitled to payment under this Scheme and she has sought legal assistance, then a sum up to but not exceeding €5,000 plus VAT may be paid (over and above the award) in respect of professional assistance and advice in connection with her application under the Scheme. This sum is intended to cover all costs and outlay incurred in the making of the application whether for legal fees, medical opinion or advice and any costs incurred in consulting Counsel concerning the application or the award.
15. In the event that the Applicant wishes to accept the assessed award but she has, before the 1 July 2014, already incurred legal costs and outlays in proceedings which either have already been discontinued or will be discontinued, then the Assessor will pay to the Applicant's nominated Solicitor, in addition to any fee due for the application for payment under the Scheme :
- i. Not more than €6,000 plus VAT with respect to the Applicant's legal fees (including Counsel's fees) in respect of proceedings where a Defence was delivered prior to 1 July 2014; **or**
 - ii. Not more than €3,000 plus VAT with respect to the Applicant's legal fees (including Counsel's fees) in respect of proceedings where a Defence has not been delivered prior to 1 July 2014.
 - iii. In each case, reasonable and properly vouched outlays arising in those proceedings prior to 1 July 2014 which is the date of the Government's announcement of the intention to establish the Scheme.
16. No costs or outlays shall be paid unless a payment of an award is made under this Scheme.
17. A determination of the Assessor is final and no appeal shall lie in respect thereof.

Advertisement

18. Notice advertising this Scheme and its commencement date shall be published on Thursday 6 November 2014 in such national newspapers and other forms of

media that the Assessor considers appropriate. In addition, a notice of the establishment of the Scheme will be placed on the Department of Health website (<http://www.doh.ie>) The Minister may, in addition, also notify any person or body or make any advertisement by way of notification of the establishment of the Scheme.

Time limit for applications

19. Applications shall be made to the Assessor to be received by the Assessor not later than **20 working days** from the commencement date of 10 November 2014. Any application made outside this time period will not be considered unless exceptional circumstances exist such that the Assessor is of the opinion that the balance of fairness favours consideration of the Application. No application will be considered even in exceptional circumstances if received after **an additional 20 working days** from such commencement date. For the removal of doubt, the application period ceases 40 working days after the commencement date. Any decision of the Assessor in this regard is final and no appeal shall lie in respect thereof.
20. In the event of a delay arising in the compilation of the supporting documentation due to the non availability of or difficulty in obtaining medical records, the application should be submitted without the supporting documentation and within the time permitted as set out in paragraph 19 above with a written explanation of the reasons for the absence of the supporting documentation and a statement detailing when such supporting information will be provided to the Assessor. This supporting documentation shall then be submitted within a reasonable timeframe as determined by the Assessor. Any decision of the Assessor in this regard is final and no appeal shall lie in respect thereof.

Procedure

21. Application Forms can be obtained by:
- (a) phoning the Office of the Assessor for the Scheme at (01) 6778553;
or
 - (b) writing to the Assessor at The Symphysiotomy Payment Scheme,

PO Box 12487, Dublin 1; or

(c) downloading from the Assessor's website: <http://www.payment-scheme.gov.ie>; or

(d) collection from the Reception Desk in the Department of Health, Hawkins House, Hawkins Street, Dublin 2.

22. Applications shall be made in writing in the forms appropriate to the level of award sought which are annexed to this Scheme. The Applicant shall sign both the application form, and Authority and the Consent Form personally and the signing shall be witnessed. In the event that the Applicant is unable to sign, then a proxy may sign the forms on her behalf indicating that he/she is a proxy and outlining the reasons why the Applicant is unable to sign herself. The Assessor may, on receipt of the application and at any time prior to the delivery of any payment under the Scheme, request such evidence of authority of the proxy as she considers appropriate.

23. Completed applications should be posted to the **"The Symphysiotomy Payment Scheme P.O. Box 12487, Dublin 1"**. Registered post is advised. Applications must be original and in writing. **Email applications will not be accepted.**

24. The Assessor shall acknowledge receipt of each application. Following receipt, the Assessor may request further information, documents or verification.

Supporting documentation

25. The application under Category A where the award shall be €50,000 shall include: -

(i) Form 1A;

(ii) a copy of the Applicant's birth certificate;

(iii) copies of the hospital records establishing the

performance of the surgical symphysiotomy within the State. If the Applicant is unable to produce the relevant hospital records of the surgical symphysiotomy, the Applicant must provide proof of the unavailability of those hospital notes and records with the application;

- (iv) if no relevant hospital records are available, then the originals of the specialist medical reports, which the Applicant has obtained which establish the carrying out of a surgical symphysiotomy;
- (v) if relevant, copies of all pleadings and orders in any legal proceedings commenced by the Applicant that concern a surgical symphysiotomy within the State;
- (vi) any other documents considered by the Applicant or her legal representatives to be relevant and necessary;
- (vii) a form of Authority and Consent in the Form 2 attached to this application.

26. The application under Category B, where the award will be €100,000 and where the Applicant claims to have suffered significant disability as a direct consequence of the surgical symphysiotomy shall include:-

- (i) Form 1B;
- (ii) a copy of the Applicant's birth certificate;
- (iii) copies of hospital records establishing the performance of the surgical symphysiotomy within the State. If the Applicant is unable to produce the relevant hospital records of the surgical symphysiotomy, then proof of the unavailability of those hospital notes and records with the application;

- (iv) if no relevant hospital records are available, then the originals of the specialist medical reports which the Applicant has obtained which establish the carrying out of a surgical symphysiotomy should be provided;
- (v) original specialist medical reports which confirm significant disability as defined following surgical symphysiotomy and any other documents considered by the Applicant or her legal representatives to be relevant and necessary;
- (vi) if relevant, copies of all pleadings and orders in any legal proceedings commenced by the Applicant that concern a surgical symphysiotomy within the State;
- (vii) a form of Authority and Consent in the Form 2 attached to this application.

27. The application under Category C, that is for an award where the Applicant underwent surgical symphysiotomy immediately after she underwent caesarean section, where the award will be either €100,000 or €150,000 shall include:-

- (i) Form 1C;
- (ii) a copy of the Applicant's birth certificate;
- (iii) copies of hospital records establishing the performance of the surgical symphysiotomy immediately following caesarean section within the State. If the Applicant is unable to produce the relevant hospital records, the Applicant must provide proof of the unavailability of those hospital notes and records with the application;
- (iv) if no relevant hospital records are available, then the originals of the specialist medical reports obtained by the Applicant which establish the carrying out of a surgical symphysiotomy immediately following caesarean section;

- (v) if making a claim for significant disability attributable to the surgical symphysiotomy carried out immediately after caesarean section, the original specialist medical reports which confirm such significant disability;
- (vi) if relevant, copies of all pleadings and orders in any legal proceedings commenced by the Applicant that concern a surgical symphysiotomy after caesarean section within the State;
- (vii) any other documents considered by the Applicant or her legal representatives to be relevant and necessary;
- (viii) a form of Authority and Consent in the Form 2 attached to this application.

28. The application under Category D where the Applicant underwent a pubiotomy and where the award will be €100,000 shall include:-

- (i) Form P1;
- (ii) a copy of the Applicant's birth certificate;
- (iii) copies of the hospital records establishing the performance of the pubiotomy within the State. If the Applicant is unable to produce the relevant hospital records of the pubiotomy, the Applicant must provide proof of the unavailability of those hospital notes and records with the application.
- (iv) if no relevant hospital records are available, then the originals of the specialist medical reports obtained by the Applicant which establish the carrying out of a pubiotomy;
- (v) if relevant, copies of all pleadings and orders in any legal proceedings commenced by the Applicant that concern a pubiotomy within the State;

(vi) any other documents considered by the Applicant or her legal representatives to be relevant and necessary;

(vii) a form of Authority and Consent in the Form 2 attached to this application;

29. The application under category D, where the award will be €150,000 and where the Applicant claims to have suffered significant disability as a direct consequence of the pubiotomy shall include:-

(i) Form P2;

(ii) a copy of the Applicant's birth certificate;

(iii) copies of hospital records establishing the performance of the pubiotomy within the State, or if the Applicant is unable to produce the relevant hospital records of the pubiotomy, then proof of the unavailability of those hospital notes and records with the application;

(iv) if no relevant hospital records are available, then the original specialist medical reports obtained by the Applicant which establish the carrying out of a surgical pubiotomy should be provided;

(v) original specialist medical reports which confirm significant disability following pubiotomy and any other documents considered by the Applicant or her legal representatives to be relevant and necessary;

(vi) if relevant, copies of all pleadings and orders in any legal proceedings commenced by the Applicant that concern a pubiotomy within the State;

(vii) a form of Authority and Consent in the Form 2 attached to this application.

30. In the event that the Applicant has reason to believe that she underwent a surgical symphysiotomy or pubiotomy in the State but cannot establish her belief because her medical records are unavailable and she has not obtained any verifying radiological report, then the Assessor may require the Applicant to

attend for medical/radiological examination at a nominated centre on a date reasonably chosen by the Assessor or on such other date as is agreed by the Assessor to determine the Applicant's status. In the event the Applicant fails to attend and cooperate with such examinations or assessments the Application shall be declined. This applies to all categories, A, B, C and D above.

Late applications

31. If an application is made after 20 working days but before the expiry of an additional 20 working days from the Commencement date, it shall be accompanied by a written explanation for the delay and relevant vouching documentation.
32. If the Application is made after the period of 20 working days from the Commencement date but before the period of an additional 20 working days has expired, the Assessor shall decide whether or not to accept and consider the application notwithstanding the delay, and her decision on this issue shall be notified in writing to the Applicant or her legal representative. The decision of the Assessor is final and not subject to appeal.

Determinations, acceptance and payment

33. The Assessor shall consider and determine each valid Application. The assessment shall be made on the basis of the contents of the application form and the supporting documentation, the hospital records, any specialist reports submitted on behalf of the Applicant and/or any medical reports including radiological reports or assessments received from any specialist medical practitioner obtained by the Assessor. If any matter remains unclear, the Assessor may seek clarification from the Applicant and her advisers and may also consult with other medical experts as necessary.
34. There shall not be any oral hearing for the purposes of determining the Application and the Assessor's determination shall be final and not subject to appeal.
35. If the Assessor rejects an Application, her decision and reasons shall then be

notified in writing to the Applicant or her legal representative, if one has been appointed.

36. If the Assessor decides an application in favour of the Applicant she shall notify the Applicant or her legal representative in writing of the decision and in that letter make an ex gratia offer in the amount calculated under the terms of this Scheme and append a draft deed of waiver and indemnity for signing by the Applicant.
37. If the Applicant accepts the conditional offer of payment, she shall have 20 working days from the date of such letter to notify the Assessor in writing of such acceptance; to furnish a signed deed of waiver and indemnity in the form required by the Assessor and to furnish evidence of discontinuance of any relevant claims/proceedings. Registered Post is advised. The Assessor may for special reasons extend the period for satisfying the conditions of acceptance for an Applicant who has indicated within the specified 20 working day period her wish to accept an offer of payment.
38. The right to seek payment under the terms of the Scheme is personal to the Applicant and is therefore contingent on the Applicant being alive to accept the offer of any award. If therefore an Applicant dies at any time after application and before she has accepted an award, the claim shall lapse and the Applicant's estate and her spouse and/or members of her family shall not be entitled to any award or payment under this Scheme. In these circumstances, the Assessor retains discretion regarding payment of the costs of the Application where the Applicant has retained a solicitor. The Assessor's decision under this paragraph shall be final and not subject to appeal.
39. If an Applicant has accepted the award and has satisfied all the other conditions of acceptance but dies before payment of the award has been made by the Minister, then such award shall upon her death become payable to her estate and be recoverable in due course by her legal personal representative(s) as a simple contract debt due by the Minister to the Applicant's estate.
40. If an Applicant rejects the offer of an award, she will have 20 working days from the date on the letter to notify the Assessor of such rejection. If after 20 working days from the date on the said letter there is no response from the Applicant or her legal representative, she will be deemed to have rejected the ex gratia offer.

41. The Assessor shall notify the Minister in writing of each valid acceptance and the amount of such award. The Applicant shall be entitled to be paid the amount of the award within 20 working days of such notification. A copy of this notification shall be sent to the Applicant and to her legal representative (if any). Payment shall be made electronically either to the Applicant's personal account or to the client account of her nominated solicitor in accordance with the Applicant's choice expressed in her application form. To the extent that the award of payment remains due and owing by the Minister, it shall thereafter be recoverable by the Applicant as a simple contract debt due by the Minister to the Applicant.
42. The Assessor shall provide the following information and/or documentation to such nominated person as the Minister for Health shall from time to time appoint for the purposes of authorising payment of such award:-
- i. The successful Applicant's name, address and date of birth; and
 - ii. The amount of any award made; and
 - iii. The amount and payee of any award of legal costs and outlay made if applicable; and;
 - iv. A signed Deed of Waiver and Indemnity in the form contained in the Schedule to this Scheme; and
 - v. Notice of discontinuance of any civil proceedings in accordance with the terms of this Scheme, if applicable; and
 - vi. Details of the successful Applicant's personal bank account or alternatively details of the Applicant's Solicitor's client account into which an award under this Scheme shall be made; and
 - vii. The bank details of the Applicant's Solicitor for the payment of any award of legal costs or outlays if applicable.
43. The Assessor will also provide the information contained at (i) to (v) of paragraph 42 above to the State Claims Agency.

44. The Assessor shall keep proper records of the Scheme's activities and proper books of account.
45. The Assessor shall report to the Minister on the activities and expenditure of the Scheme when she has completed the administration of this Scheme, and at other times if requested.
46. The Assessor shall, where reasonably possible, arrange for the return to the Applicant or her Solicitor of any documents submitted by her or her solicitor to the Assessor as the case may be. At the conclusion of the administration of the Scheme by the Assessor, the Assessor shall arrange for the destruction of all other confidential documentation and information whether in documentary or electronic form, howsoever created or obtained, at a suitable time to be determined by the Assessor. The Assessor's decision under this paragraph shall be final and not subject to appeal.

**FORM
1A**

**THE SYMPHYSIOTOMY SCHEME
APPLICATION FORM SEEKING PAYMENT UNDER CATEGORY A
ONLY (Surgical Symphysiotomy)**

Note: If there is insufficient space on this form please feel free to provide information on a separate sheet and securely attach to this form before sending

1. Name	
2. Address and Telephone Number	
3. Date of birth	
4. Date of surgical symphysiotomy	
5. Name and address of hospital where surgical symphysiotomy was performed.	
6. The dates of birth and full names of all children born to the Applicant.	
7. Name of operating surgeon or obstetrician (if known).	
8. Date when hospital records were first sought.	
9. If hospital records are not enclosed explain all efforts made to obtain them to date and when it is expected that they will be received.	
10. Were proceedings for damages ever commenced that concern	

or relate to the surgical symphysiotomy? If so, state the record number and title to the proceedings.	
11. Are all pleadings and orders in relation to any legal proceedings enclosed with this application? (If not please state why not and indicate when they will be furnished).	
12. Please state whether or not a defence has been served in those proceedings.	
13. Date of this Application.	
14. Details of the Applicant's personal account or alternatively details of the Applicant's solicitor's client account into which an award under this Scheme shall be made:	Account Name: Account Number: Sort Code: IBAN number: BIC number:
15. Name address and contact telephone numbers of the Applicant's Solicitor (if the applicant is using a solicitor).	
16. The Bank details of the Applicant's Solicitor for the payment of any award of legal costs or outlays	Account Name: Account Number:Sort Code: IBAN number: BIC number:
17. Declaration and authorisation for payment.	I confirm that all information contained in this application is true and I agree that any award to me under this Scheme shall be paid to:

the account detailed at number 14 above and any award of legal costs and outlays (if any) shall be paid to the account of my solicitor nominated at number 16 above which payment/s shall be sufficient authority and discharge of any award made under the Scheme.

Signed

.....[Signature].

Applicant/Proxy

Contact

number.....

[If signed by a proxy please print name and address of proxy and relationship to Applicant and the reasons why the Applicant cannot sign herself].

Witnessed by

[Print name]

.....
[Signature of witness]

of

[Address of witness]

**FORM
1B
THE SYMPHYSIOTOMY SCHEME**

**APPLICATION FORM SEEKING PAYMENT UNDER CATEGORY B
ONLY (Surgical Symphysiotomy, with Significant Disability)**

Note: If there is insufficient space on this form please feel free to provide information on a separate sheet and securely attach to this form before sending.

1. Name	
2. Address and Telephone Number	
3. Date of birth	
4. Date of surgical symphysiotomy	
5. Name and address of hospital where the surgical symphysiotomy was performed.	
6. The dates of birth and full names of all children born to the Applicant.	
7. Name of operating surgeon or obstetrician (if known).	
8. Date when hospital records were first sought.	
9. Are the following records enclosed with this application?:	Hospital records where the symphysiotomy was performed: Y/N GP notes and records: Y/N Orthopaedic Notes and records: Y/N Gynaecological Notes and records: Y/N
10. If hospital records are not enclosed explain all efforts	

<i>made to obtain them to date and when it is expected that they will be received.</i>	
<i>11. Have you furnished medical evidence that you suffered significant disability which is directly attributable to the symphysiotomy?</i>	
<i>12. Were proceedings for damages ever commenced that concern or relate to the surgical symphysiotomy? If so, state the record number and title to the proceedings.</i>	
<i>13. Are all pleadings and orders in relation to any legal proceedings enclosed with this application? (If not please state why not and indicate when they will be furnished).</i>	
<i>14. Please state whether or not a Defence has been served in those proceedings.</i>	
<i>15. Date of this Application.</i>	
<i>16. Details of the Applicant's personal account or alternatively, details of the Applicant's solicitor's client account into which an award under this Scheme shall be made:</i>	Account Name: Account Number: Sort Code: IBAN number: BIC number:
<i>17. Name address and contact telephone numbers of the Applicant's Solicitor (if the Applicant is using a Solicitor).</i>	
<i>18. The Bank details of the</i>	Account Name:

<p><i>Applicant's Solicitor for the payment of any award of legal costs or outlays</i></p>	<p>Account Number: Sort Code: IBAN number: BIC number:</p>
<p><i>19. Declaration and authorisation for payment.</i></p>	<p><i>I confirm that all information contained in this application is true and I agree that any award to me shall be paid to the account at number 16 above and any award of legal costs and outlays (if any) shall be paid to the account nominated at number 18 above which payment/s shall be sufficient authority and discharge of any award made under the Scheme.</i></p> <p>Signed[Signature].</p> <p>Applicant/Proxy</p> <p>Contact number.....</p> <p><i>[If signed by a proxy please print name and address of proxy and relationship to Applicant and the reasons why the Applicant cannot sign herself].</i></p> <p><i>Witnessed by.....</i> <i>[Print name]</i> <i>[Signature of witness]</i> of <i>[Address of witness]</i></p>

FORM
1C
THE SYMPHYSIOTOMY SCHEME

APPLICATION FORM SEEKING PAYMENT UNDER CATEGORY C
ONLY (Surgical Symphysiotomy immediately following a Caesarean
Section, or Surgical Symphysiotomy immediately following a
Caesarean Section, with Significant Disability)

Note: If there is insufficient space on this form please feel free to provide information on a separate sheet and securely attach to this form before sending.

1. Name	
2. Address and Telephone Number	
3. Date of birth	
4. Date of surgical symphysiotomy which immediately followed caesarean section	
5. Name and address of hospital where the surgical symphysiotomy <u>and</u> caesarean section were performed.	
6. The dates of birth and full names of all children born to the Applicant.	
7. Name of operating surgeon or obstetrician (if known).	
8. Date when hospital records were first sought.	

<p>9. Are the following records enclosed with this application?</p>	<p>Hospital records where the symphysiotomy was performed immediately following a caesarean section: Y/N</p> <p>GP notes and records: Y/N</p> <p>Orthopaedic Notes and records: Y/N</p> <p>Gynaecological Notes and records: Y/N</p>
<p>10. If hospital records are not enclosed, explain all efforts made to obtain them to date and when it is expected that they will be received.</p>	
<p>11. Are you claiming that you suffered significant disability which is directly attributable to the symphysiotomy immediately following the caesarean section?</p> <p>If so:</p> <p>Have you furnished medical evidence that you suffered significant disability which is directly attributable to the symphysiotomy following the caesarean section?</p>	<p>Y/N</p> <p>Y/N</p>
<p>12. Were proceedings for damages ever commenced that concern or relate to the surgical symphysiotomy? If so, state the record number and title to the proceedings.</p>	
<p>13. Are all pleadings and</p>	

<p><i>orders in relation to any legal proceedings enclosed with this application? (If not please state why not and indicate when they will be furnished).</i></p>	
<p>14. Please state whether or not a Defence has been served in those proceedings.</p>	
<p>15. Date of this Application.</p>	
<p>16. Details of the Applicant's personal account or alternatively details of the Applicant's solicitor's client account into which an award under this Scheme shall be made:</p>	<p>Account Name: Account Number: Sort Code: IBAN number: BIC number:</p>
<p>17. Name address and contact telephone numbers of the Applicant's Solicitor (if the Applicant is using a Solicitor).</p>	
<p>18. The Bank details of the Applicant's Solicitor for the payment of any award of legal costs or outlays</p>	<p>Account Name: Account Number: Sort Code: IBAN number: BIC number:</p>
<p>19. Declaration and authorisation for payment.</p>	<p><i>I confirm that all information contained in this application is true and I agree that any award to me shall be paid to the account at number 16 above and any award of legal costs and outlays (if any) shall be paid to the account nominated at number 18 above which payment/s shall be sufficient authority and discharge of any award made under</i></p>

the Scheme.

Signed

.....[Signature].

Applicant/Proxy

Contact

number.....

*[If signed by a proxy please print
name and address of proxy and
relationship to Applicant and the
reasons why the Applicant cannot
sign herself].*

Witnessed by.....

[Print name]

.....

[Signature of witness]

of

[Address of witness]

FORM
P1
THE SYMPHYSIOTOMY SCHEME
APPLICATION FORM SEEKING PAYMENT UNDER CATEGORY D,
ONLY (Pubiotomy)

Note: If there is insufficient space on this form please feel free to provide information on a separate sheet and securely attach to this form before sending

1. Name	
2. Address and Telephone Number	
3. Date of birth	
4. Date of pubiotomy	
5. Name and address of hospital where pubiotomy was performed.	
6. The dates of birth and full names of all children born to the Applicant.	
7. Name of operating surgeon or obstetrician (if known).	
8. Date when hospital records were first sought.	
9. If hospital records are not enclosed explain all efforts made to obtain them to date and when it is expected that they will be received.	
10. Were proceedings for damages ever commenced that concern or relate to the pubiotomy? If so, state the record number and title to the proceedings.	
11. Are all pleadings and orders in relation to any legal	

proceedings enclosed with this application? (If not please state why not and indicate when they will be furnished).	
12. Please state whether or not a defence has been served in those proceedings.	
13. Date of this Application.	
14. Details of the Applicant's personal account or alternatively details of the Applicant's solicitor's client account into which an award under this Scheme shall be made:	Account Name: Account Number: Sort Code: IBAN number: BIC number:
15. Name address and contact telephone numbers of the Applicant's Solicitor (if the applicant is using a solicitor).	
16. The Bank details of the Applicant's Solicitor for the payment of any award of legal costs or outlays	Account Name: Account Number: Sort Code: IBAN number: BIC number:
17. Declaration and authorisation for payment.	<p>I confirm that all information contained in this application is true and I agree that any award to me under this Scheme shall be paid to:</p> <p>the account detailed at number 14 above and any award of legal costs and outlays (if any) shall be paid to the account of my solicitor nominated at number 16 above which payment/s shall be sufficient authority and discharge of any award made under the Scheme.</p>

Signed

.....[Signature].

Applicant/Proxy

Contact

number.....

*[If signed by a proxy please print name
and address of proxy and relationship to
Applicant and the reasons why the
Applicant cannot sign herself].*

Witnessed by

[Print Name]

.....

[Signature of witness]

of

[Address of witness]

FORM

P2

THE SYMPHYSIOTOMY SCHEME

APPLICATION FORM SEEKING PAYMENT UNDER CATEGORY D,

ONLY (Pubiotomy, with Significant Disability)

Note: If there is insufficient space on this form please feel free to provide information on a separate sheet and securely attach to this form before sending.

1. Name	
2. Address and Telephone Number	
3. Date of birth	
4. Date of pubiotomy	
5. Name and address of hospital where the pubiotomy was performed.	
6. The dates of birth and full names of all children born to the Applicant.	
7. Name of operating surgeon or obstetrician (if known).	
8. Date when hospital records were first sought.	
9. Are the following records enclosed with this application?	<i>Hospital records where the pubiotomy was performed: Y/N</i> <i>GP notes and records: Y/N</i> <i>Orthopaedic Notes and records: Y/N</i> <i>Gynaecological Notes and records: Y/N</i>
10. If hospital records are not enclosed explain all efforts made to obtain them to date and when it is expected that they will be received.	
11. Are you claiming that you suffered significant	Y/N

<p>disability which is directly attributable to the pubiotomy?</p> <p>If so:</p> <p>Have you furnished medical evidence that you suffered significant disability which is directly attributable to the pubiotomy?</p>	<p>Y/N</p>
<p>12. Were proceedings for damages ever commenced that concern or relate to the pubiotomy? If so, state the record number and title to the proceedings.</p>	
<p>13. Are all pleadings and orders in relation to any legal proceedings enclosed with this application? (If not please state why not and indicate when they will be furnished).</p>	
<p>14. Please state whether or not a Defence has been served in those proceedings.</p>	
<p>15. Date of this Application.</p>	
<p>16. Details of the Applicant's personal account or alternatively, details of the Applicant's solicitor's client account into which an award under this Scheme shall be made:</p>	<p>Account Name:</p> <p>Account Number:</p> <p>Sort Code:</p> <p>IBAN number:</p> <p>BIC number:</p>
<p>17. Name address and contact telephone numbers of the Applicant's Solicitor (if the Applicant is using a Solicitor).</p>	
<p>18. The Bank details of the</p>	<p>Account Name:</p>

<p><i>Applicant's Solicitor for the payment of any award of legal costs or outlays</i></p>	<p>Account Number: Sort Code: IBAN number: BIC number:</p>
<p>19. Declaration and authorisation for payment.</p>	<p><i>I confirm that all information contained in this application is true and I agree that any award to me shall be paid to the account at number 16 above and any award of legal costs and outlays (if any) shall be paid to the account nominated at number 18 above which payment/s shall be sufficient authority and discharge of any award made under the Scheme.</i></p> <p>Signed[Signature].</p> <p>Applicant/Proxy</p> <p>Contact number.....</p> <p><i>[If signed by a proxy please print name and address of proxy and relationship to Applicant and the reasons why the Applicant cannot sign herself].</i></p> <p>Witnessed by (Print name) [Signature of witness] of [Address of witness]</p>

FORM

2

THE SYMPHYSIOTOMY SCHEME
AUTHORITY AND CONSENT

I of
..... County

- A. Hereby acknowledge that all communications made by or to me in connection with my application under the Scheme are made without prejudice and are confidential. Such communications may not be used by any party in any civil proceedings which include a claim for compensation arising out of or relating to the carrying out of a surgical symphysiotomy or pubiotomy;
- B. Hereby acknowledge that any notes, reports, x rays and/or assessments obtained at the request of the Assessor in connection with my application under the Scheme are obtained without prejudice and are confidential and may not be used in any civil proceedings which include a claim for compensation arising out of or relating to the carrying out of a surgical symphysiotomy or pubiotomy;
- C. In the event my application is unsuccessful or I choose not to accept an award made under the Scheme, I undertake not to seek or refer to any of the material or information referred to at Paragraphs A & B above in any Court proceedings seeking compensation arising out of a surgical symphysiotomy or pubiotomy. For the avoidance of doubt, this undertaking by me shall not apply to any medical notes or records, x-rays, scan or medical reports that I or my legal advisor has submitted to the Assessor in support of my application under this Scheme;
- D. In the event that I am unable to establish by medical records that I actually underwent surgical symphysiotomy or pubiotomy but have valid reason to believe that such procedure was carried out on me, then I undertake to cooperate with the Assessor in any investigations which she may direct to establish the fact of such

surgical symphysiotomy or pubiotomy;

- E. I hereby give my consent for such reasonable medical, radiological and other investigations as are deemed necessary by the Assessor for the purposes of reaching a determination on whether I have had a surgical symphysiotomy or pubiotomy and agree to attend at a designated centre and cooperate fully with any reasonable requests for information or undergo any reasonable procedures to assist in the determination;
- F. If I claim significant disability attributable to surgical symphysiotomy whether under Category B or C, or pubiotomy under Category D then I hereby give my consent for such reasonable medical, radiological and other investigations as are deemed necessary by the Assessor for the purposes of removing any doubt that I have suffered such significant disability and to cooperate fully with any reasonable requests for information to assist in this determination.

Dated this day of 201

Signed _____

Witnessed by _____

Address of Witness

SCHEDULE 1

THE SYMPHYSIOTOMY SCHEME DEED OF WAIVER AND INDEMNITY

This Deed is dated theday of 2014, and made by
[Name]..... of [Address]
.....

In consideration of a payment to me of an award of €..... [Sum
Awarded] and the sum of €..... [Sum Awarded if any] to my legal
advisor with respect to legal costs and outlays pursuant to the above entitled
Scheme, I hereby irrevocably:

- A. Waive all my rights and entitlements (if any) to claim or demand damages, interest, costs, expenses or any other remedy whatsoever (whether existing or otherwise) arising out of or relating to the carrying out of a surgical symphysiotomy or pubiotomy on me that I may have against the Scheduled Parties;
- B. Indemnify and hold harmless the Scheduled parties in respect of all claims, demands, damages, interest, costs and expenses whatsoever arising out of the carrying out of a surgical symphysiotomy or pubiotomy on me;
- C. Agree to discontinue any and all actions against all or any of the Scheduled parties who are party to any proceedings that I may have issued that concern or relate to a surgical symphysiotomy or pubiotomy carried out in the State and to provide evidence of such discontinuance pursuant to the Scheme not later than 20 working days from the date of the notification of the award.

SCHEDULED PARTIES

The under-mentioned parties, their predecessors and/or successors, their servants and/or agents, personal representatives, trustees, nominees, boards or corporate identities and/or insurers (as

appropriate):

- Ireland;
- The Attorney General;
- The Minister for Health;
- The Minister of any Government Department in the State;
- Any other organ of the State;
- The State Claims Agency;
- The Health Service Executive;
- All former Health Boards in the State;
- All local authorities in the State;
- All hospitals, nursing homes, former hospitals or former nursing homes in the State whether public, private or otherwise and/or their insurers;
- All doctors, consultants, obstetricians, surgeons, medical staff, midwives, nursing staff, administrative staff, Boards of Management, associated with all hospitals or nursing homes, former hospitals or former nursing homes in the State whether public, private or otherwise and/or their insurers;
- The Medical Defence Union and all or any of its members or former members;
- The Medical Protection Society and all or any of its members or former members;
- The Medical Missionaries of Mary and/or any Religious Order involved in the running of any hospital and/or their insurers;

All or any of the above or any combination of them their servants or agents.

Signed Sealed and delivered by

In the presence of:

Witness Signature

Witness Address and contact number