



STATUTORY INSTRUMENTS.

S.I. No. 87 of 2024



MOTHER AND BABY INSTITUTIONS PAYMENT SCHEME ACT 2023
(REVIEWS) REGULATIONS 2024

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I, RODERIC O’GORMAN, Minister for Children, Equality, Disability, Integration and Youth, in exercise of the powers conferred on me by section 44 (2)(b) of the Mother and Baby Institutions Payment Scheme Act 2023 (No.20 of 2023), hereby make the following Regulations:

Citation and commencement

1. (1) These Regulations may be cited as the Mother and Baby Institutions Payment Scheme Act 2023 (Reviews) Regulations 2024.

(2) These Regulations shall come into operation on 20 March 2024.

Interpretation

2. In these Regulations —

“Act of 2023” means the Mother and Baby Institutions Payment Scheme Act 2023;

Requesting a Review

3. (1) A request for a review under section 27 (1) of the Act of 2023 shall be in the form set out in Schedule 1.

(2) The Chief Deciding Officer shall acknowledge receipt of a request for a review within 28 days of the receipt of such a request.

Request for further information

4. The Chief Deciding Officer, where he or she may under section 27(5) of the Act of 2023 require further information or documentation from the applicant or a person to whom section 39(3) of the Act applies, shall state, in writing:

- (a) the information or documentation required;
- (b) in what manner the information or documentation should be provided which may include by written statement, affidavit or an oral submission by way of telephone or video call;
- (c) the period within which the applicant or a person to whom section 39(3) of the Act of 2023 applies, is to provide the information or documentation;
- (d) the effect of section 40 (3) of the Act of 2023.



GIVEN under my Official Seal,
6 March, 2024.

RODERIC O’GORMAN,
Minister for Children, Equality, Disability, Integration and
Youth.

Schedule 1

Review Request Form – Mother and Baby Institutions Payment Scheme

About this form

This form should be used to request a review where you are dissatisfied with the decision of the Chief Deciding Officer following a Notice of Determination issued under Section 26 of the Mother and Baby Institutions Payment Scheme Act 2023.

- Please complete all mandatory fields marked with an *
• Please use BLOCK CAPITALS

1. Your Details

*Your name:

Grid for name entry with 18 columns and 2 rows.

*Your address

Grid for address entry with 18 columns and 4 rows.

*Application Reference Number:

Grid for application reference number entry with 18 columns and 1 row, including hyphens.

*Your Application Reference Number can be found on your Notice of Determination or the most recent correspondence from the Payment Scheme Office.

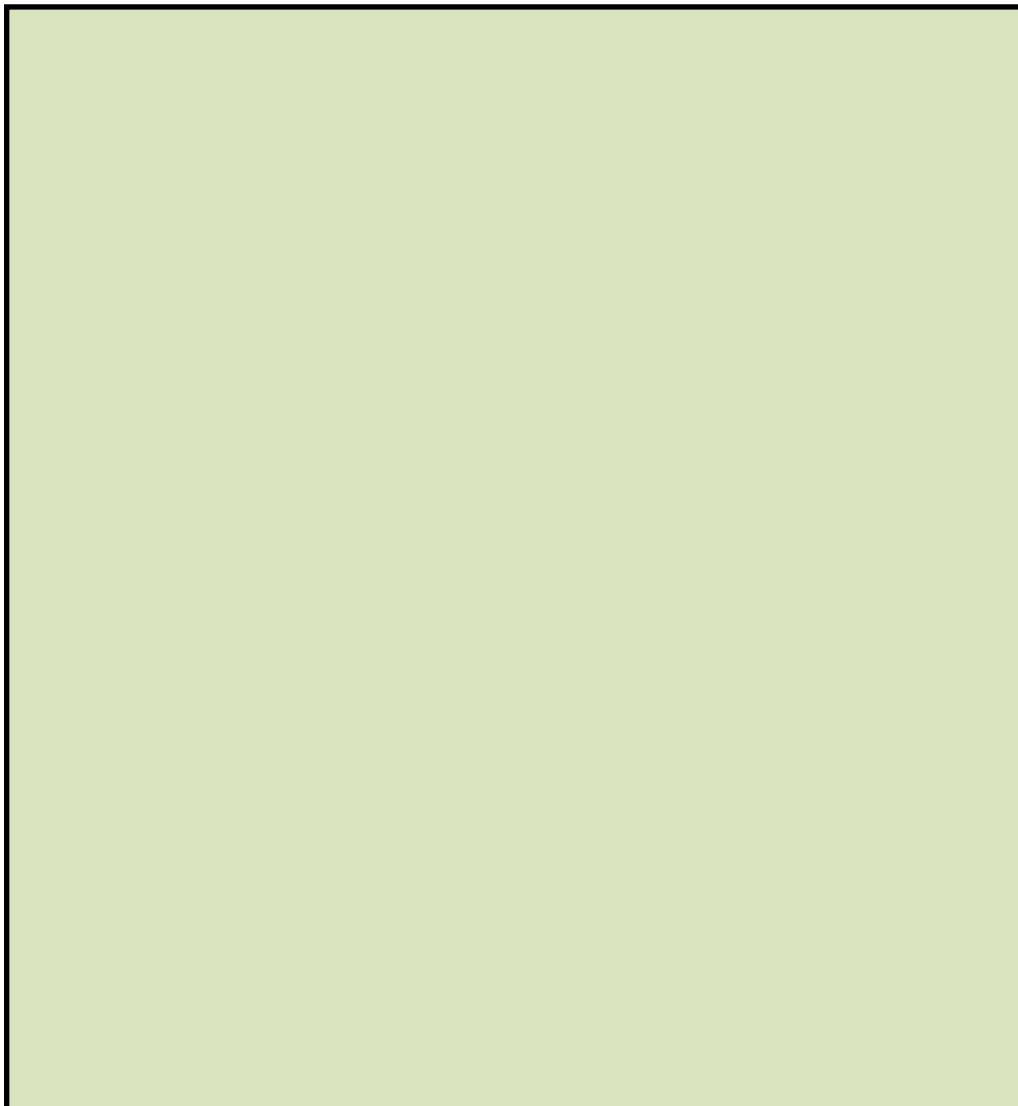
2. Reasons for Review

This section of the form should be used to explain your reasons for seeking a review under Section 27 of the Mother and Baby Institutions Payment Scheme Act 2023. You must select one or more reasons from the following list by ticking the relevant box.

I would like the following determinations to be reviewed by the Chief Deciding Officer:

- Review a determination that I am not a relevant person;
- Review a determination that I am not entitled to a general payment or a work-related payment;
- Review a determination that I am entitled to a general payment or a work-related payment of a particular amount;
- Review a determination that I am not eligible for the provision without charge of health services;
- Review a determination (including a determination under section 25 (2)) that I am not entitled to a health support payment.

The following section should be used to describe your reasons for the request to review your determination. If you need additional space please use page 4 of this form or add additional pages as required.



3. Supporting Documentation

You are not required to submit supporting documentation, however, where you do have documentation which would support your review we would ask that you attach a copy of these records. Please list the records you have attached in the space provided below (if you need to list more documents please use the space on page 4 of this form).

1	
2	
3	
4	

4. Confirmation of Request for Review of Determination

I hereby request a review of the Chief Deciding Officer’s determination(s) of ___/___/20__

My grounds for review are set out in Section 2 and the information provided by me is true and accurate.

Signed: _____

Print name: _____

Date: ____/____/20____

Where the applicant has a Co-Decision Making Agreement in place which covers arrangements under this Payment Scheme:

Signed: _____ (Co-Decision Maker)

Print name: _____

Date: ____/____/20__

5. Checklist

Notice of Request for Review of Determination is being submitted within 60 days of the date on the Notice of Determination issued by the Chief Deciding Officer.

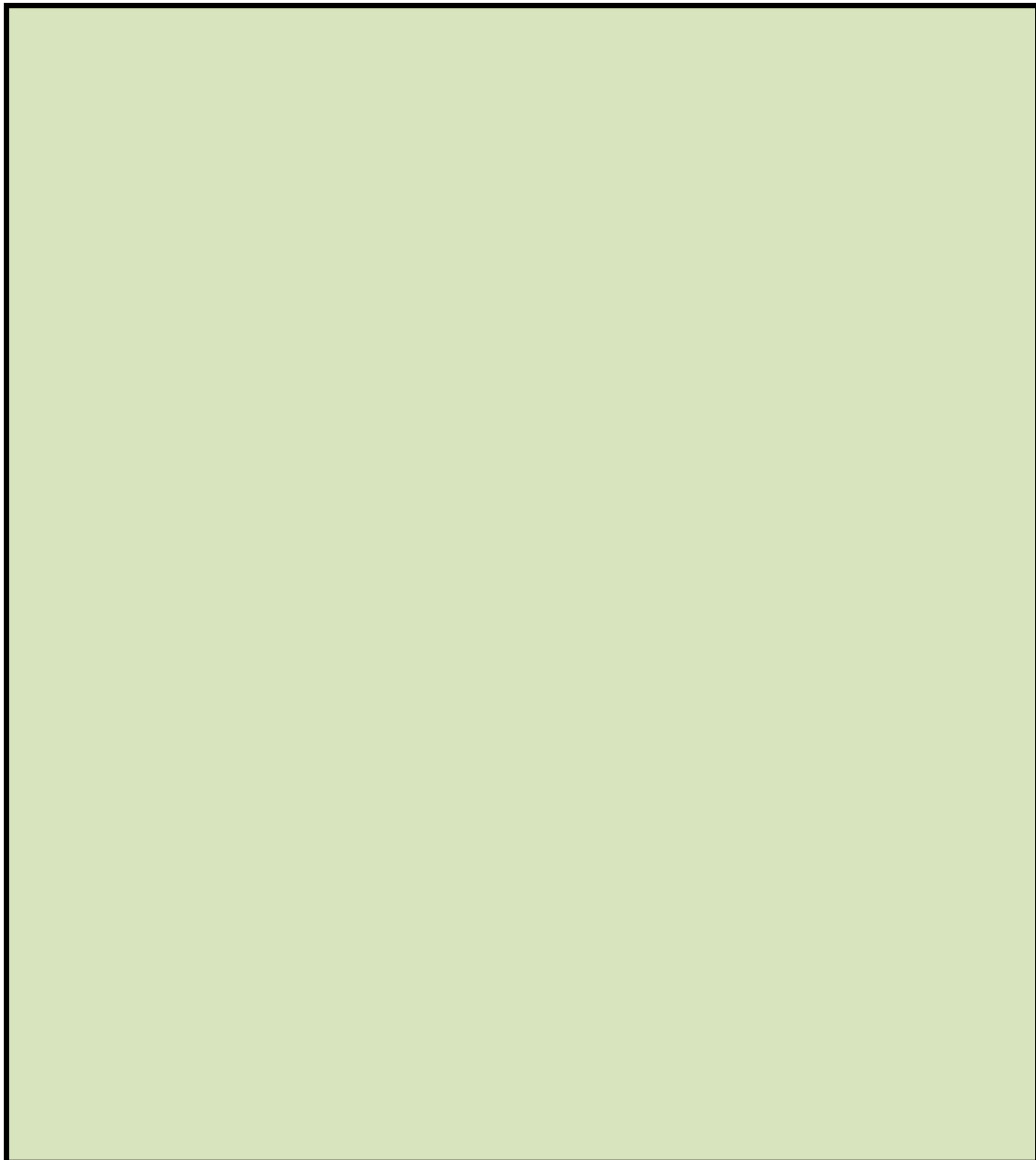
All relevant sections of the Review Request form are fully completed.

Review Request form is signed and dated at Part 4.

Grounds for request for review of determination are fully stated and all facts for consideration are stated.

Supporting documentation are attached with this form (where available).

All supplementary documentation (if available and attached) are listed at Part 3 of this form.



BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ó
FOILSEACHÁIN RIALTAIS,
BÓTHAR BHAILE UÍ BHEOLÁIN,
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