

TP5

## APPLICATION FOR ILL-HEALTH RETIREMENT PENSION Medical Report Form

- Please complete in CAPITAL letters.
- Complete Part A and pass the form to your employer after reading 1 below.
- You may have to undergo a medical examination.
- You should inform your Principal of this application.
- If you are a non-serving teacher you should ask your GP to complete the form and return it direct to the Department.

### 1. Guidance to Applicant

Your application for ill-health retirement has to be submitted through your employer.

The application has to be supported by a report on your health, in the attached form. The report will be provided by your employer's Occupational Health Adviser and may take account of information obtained from your own doctor. If exceptionally it cannot be provided by an Occupational Health Adviser your employer will ask you to have your own doctor complete it.

When completed the report will be passed to your employer to be forwarded to DE with any other documentation associated with your application.

If you decide to obtain additional medical evidence from your own doctor you will be responsible for paying any fee which may be charged. You will also have to pay if you (and not your Employer) initiated this application.

### PART A - PERSONAL DETAILS (to be completed by the teacher)

Surname: \_\_\_\_\_ (Dr/Mr/Mrs/Miss/Ms)

Forename(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Home Tel No: \_\_\_\_\_

School: \_\_\_\_\_

Class/Subject(s) Taught: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Teacher's Ref No: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B - MEDICAL REPORT FORM (to be completed by Reporting Doctor)**

The required report on the applicant's health is given below:-

- a. What is the diagnosis of the condition which has given rise to the application for ill-health pension?

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- b. What are the clinical findings?

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- c. For how long has the condition been present?

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- d. What treatment has been given or is proposed?

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- e. What is the prognosis?

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f. What is the general state of the applicant's health and how does it relate to the condition?

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g. Do you consider that the applicant is incapable of serving efficiently as a teacher?

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I understand that \_\_\_\_\_ of \_\_\_\_\_ has made application on health grounds for early payment of his/her retirement benefits under the Northern Ireland Teachers' Pension Scheme. I understand that for such an application to succeed the applicant must be considered to be incapable, by reason of infirmity of mind or body, of serving efficiently as a teacher and that the question of whether this condition is satisfied will be decided by the Department of Education for Northern Ireland with advice from its own Medical Advisers.

**Name of Examining Doctor (Block Caps):** \_\_\_\_\_

**Status and Qualifications:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Official Stamp**

***Please return to the Applicant's employer who has asked you to complete this form.***

## PART C - EMPLOYER DECLARATION

The employer has a responsibility to inform the Department if this teacher is currently suspended from duty or under investigation for serious misconduct.

### Declaration by Employer

Teacher's Name: \_\_\_\_\_

School: \_\_\_\_\_

This teacher is/is not\* currently suspended from duty or under investigation for serious misconduct.

Countersigned: \_\_\_\_\_ Date: \_\_\_\_\_

ON BEHALF OF THE EMPLOYER (please specify): \_\_\_\_\_

*Please return the completed form to:*

**Teachers' Pensions Team  
Department of Education  
Waterside House  
75 Duke Street  
Londonderry  
BT47 6FP**

\*delete as appropriate

**IF AN ILL-HEALTH PENSION IS AWARDED, ENTITLEMENT MAY LATER BE REVIEWED.**