

Part B: To be completed by the chosen medical practitioner.

Notes: This form is designed to be completed by an Occupational Health Doctor, who is familiar with your medical condition. If this is not possible or appropriate, the GP, Specialist or Consultant may do so. You should choose whoever you consider to be best placed to give the required information and who is most familiar with your medical condition. **The chosen medical practitioner should refer to the accompanying Guidance Notes before completing each section of the form.** Ill-health Retirement Benefits are awarded purely on the basis of the information provided. Therefore it is essential that each of the questions below are addressed. Please attach copies of all relevant medical reports that might assist in considering the application. **Further notes can be found at the back of this form.**

Section 1: Medical conditions

- 1. Please list all of the relevant currently diagnosed medical conditions and previous related conditions giving the date of onset for each.**

Date of onset	

- 2. What is the history of this/ these condition(s) and when did it/they cause impairment preventing the applicant from teaching?**

- 3. Please provide details of the reported symptoms, objective clinical findings and results of investigations, for each of the above medical condition(s).**

- 4. Please describe how the condition(s) affects the applicant's general health and capability.**

(continued overleaf)

Part B: To be completed by the chosen medical practitioner. (continued)

Section 1: Medical conditions (continued)

5. Please provide details of all relevant treatment the applicant has received for each of the conditions you have listed above and when these occurred?

Archived

6. Please provide details of any other interventions that have been tried, e.g. physical therapy, surgical intervention, psychotherapy or formal counselling.

Archived

7. With normal therapeutic intervention, please comment on the likelihood of improvement in functional abilities before normal retirement age. (Notified by the member in Section 1, question 12.)

Archived

8. Please explain how the relevant medical condition(s) impacts on the applicant's ability to carry out the normal role. The question refers to any role relevant to the applicant's skills, qualifications and experience, in any relevant setting, full or part-time.

Archived

(continued overleaf)

Part B: To be completed by the chosen medical practitioner. (continued)

Section 1: Medical conditions (continued)

9. Please describe what efforts at rehabilitation, workplace adjustment, work content or pattern adjustment, increased support or redeployment have been considered and/or made in this case and when these occurred?

10. Does the current incapacity arise out of any unresolved workplace issues? if so, please explain.

11. Please summarise the evidence you consider to be relevant to the applicant's future ability to carry out their normal or adjusted duties. The question refers to any role relevant to the applicant's skills, qualifications and experience, in any relevant setting, full or part-time.

12. Please summarise the evidence you consider to be relevant to the applicant's future ability to carry out any regular employment. It is essential that this question is answered in all cases.

Part C: Terminal illness and harmful information

Notes: Your report will be treated as confidential. However, it is subject to the data protection act (subject access modification) (health) order 2000. If you consider that any information in your report is likely to be harmful to the applicants' health, for example, life expectancy, please include this on a separate sheet clearly marked 'Harmful Information'.

1. Does the applicant have a medical condition that has a serious impact on life expectancy?

If yes, and information is available, please include a copy of the relevant specialists report.

Yes No

2. Is the applicant aware of the diagnosis?

Yes No

3. Is the applicant aware of the prognosis?

Yes No

1. Name

2. GMC Number

3. I am this person's (Please tick)

Occupational physician / Accredited specialist / Occupational physician

General Practitioner

Hospital Doctor / Accredited Hospital Specialist

Specialism

4. Telephone number (inc. STD code and extn.)

5. Email address

6. Address of medical professional completing this form

Postcode

Signature

Date

Data Protection Act 1998. The Department for Education (DfE) will use any information you provide in connection with the Teachers' Pension Scheme to administer and operate the scheme and pay benefits under it. This may include passing details to third parties that are involved in the administration and operation of the scheme. The DfE may also use your data for administrative purposes in line with its data protection notification. In order to fulfil its duty to protect public money, the DfE may use information it holds to prevent and detect fraud. It may also share information with other organisations that handle public funds. **If there is any difference between the legislation governing the Teachers' Pension Scheme and the information in this application form, the legislation will apply.**

Please return to us at:

Teachers' Pensions,
11b Lingfield Point,
Darlington, DL1 1AX

www.teacherspensions.co.uk

What happens next?

- We will acknowledge receipt of your application form either by letter, email or SMS text. Generally, you will be notified about your benefits before they are due to come into payment.
- Where we hold your email address, we will be able to use this to communicate with you. This will include posting notification of your retirement benefits in the secure area of the website via **"My Pension Online"**.
- You may also monitor the progress of your case in **'Track my Case'** on the website.

How to Complete the Medical Information Form.

Notes for applicant and medical practitioners

Advice for Medical Practitioners providing information to support an application for ill-health retirement benefits.

If a member of the Teachers' Pension Scheme has health problems, in the first instance where appropriate their employer should arrange for occupational health support to look at ways to help them remain in or return to work, in line with the requirements of Disability Discrimination legislation. Ill health retirement should be a last resort.

To satisfy the criteria for early retirement on grounds of ill health, it is necessary for the applicant to provide medical evidence that demonstrate that:

- The applicant has a recognised medical condition;
- The applicant has completed all reasonable treatment;
- The medical condition renders them incapable of teaching for 'in-service' teachers or any gainful employment for 'out-of service' teachers. either full or part-time;
- The incapacity is on the balance of probability likely to continue until normal pension age.

To satisfy the criteria for 'in-service' total incapacity enhancement, the person must be unable to undertake any gainful employment. The Medical Advisers to the Teachers' Pension Scheme rely exclusively on what you submit and will not seek further medical evidence. It is therefore essential that the evidence provided is comprehensive. When a medical condition is severe enough for ill health retirement to be considered, it is generally be expected that the applicant will have had the benefit of a specialist opinion during their illness. In addition the work and health aspects of the condition should have been considered by an occupational health professional. If reports from specialists, and confirmatory test results that are available, copies should be enclosed with this application.

Part A: Section 1: Personal details

Information about the member should be completed by the applicant.

Point 1: Teachers' Reference Number: This is a seven digit number and is your unique teacher reference (you may also know it as your DfE number).

Point 12: Normal Pension Age: To complete this please access My Pension Online via our website www.teacherspensions.co.uk/ registration

For members of the career average 2015 Scheme, the normal pension age is linked to your State Pension Age (SPA). Details of your current SPA can be found on the Department for Work and Pensions website.

Date of Birth: If verification of date of birth is required, we will contact you on receipt of your application.

Point 14: You are required to enclose all medical reports provided by relevant specialists in the last 5 years or longer.

Part B: Section 1: Medical conditions

To be completed by an Occupational Health doctor. If this is not possible, the GP, Specialist or Consultant may do so, attempting to answer the occupation related questions as best they can.

(continued overleaf)

How to Complete the Application Form. (continued)

Questions 1-3: The Medical Advisors are interested in any medical conditions or previous related conditions that could impact on the applicant's capability and the history of these conditions. Sometimes it is the accumulated burden of ill health from several conditions that tips the balance, sometimes it's a single major condition. You should list all the relevant conditions and any complications of the conditions here. Any appropriate supporting medical evidence should be enclosed with this application but please do not send x-rays, photographs or CD Roms.

Question 4: The Medical Advisors would like to know how the condition(s) impacts on the applicant's general health and capability. On the physical side is there an impact on walking, sitting, standing, vision, hearing etc. On the psychological side is there an impact on personality, mood, affect, memory etc. How do any changes affect the application in her/his personal life?

Question 5: The applicant must have completed all reasonable treatment before a condition's long term impact can be considered permanent. You must set out the treatment that has been undertaken and any that has been described as inappropriate, along with the reasons. This includes treatment, not only to enable the applicant to return to work, but also any treatment aimed at improving the quality of the applicant's life.

Question 6: This is also about treatment and it is worded to prompt you to mention any other treatment that might be relevant to the applicant's condition(s).

Question 7: On the basis of your assessment and that of any specialist what is the scope for improvement over time or with treatment in the applicant's functional ability. This is about the likelihood of the persistence of the condition. Is there, for example, an established pattern?

Question 8: This is a specific enquiry about the impact the condition has on the applicant's normal role. Are they unable to do all of their role or just elements of it? Would they be able to manage part-time work in a similar role? Or work at a different establishment?

Question 9: Bearing in mind the answer to Question 7 has the employer made any attempts at adjustments. If so what has been tried and what was the outcome?

Question 10: By workplace issues we are seeking to understand if events such as interpersonal disputes or disciplinary procedures are an impediment to a return to working and any relevant dates.

Questions 11 and 12: These questions allow you to summarise all the evidence that is relevant to the applicant's case. Whilst the decision will be made by independent medical advisors appointed by the Department for Education, these questions do allow you an opportunity to highlight and present any evidence based rationale for any opinion you might wish to offer.

Part C - Information about terminal illness or harmful information

Members of the Teachers' Pension Scheme can receive different benefits if they have a life expectancy of twelve months or less. If you consider that they have such a reduced life expectancy please indicate that on the form.

If you think that this or any other medical information could be harmful to the health of the applicant, please indicate this in your submission and if possible include it on a separate sheet, marked 'Harmful Information'.

Part C: Medical practitioner and declaration: This part is to be completed by the medical practitioner and the declaration signed.

Fees

Please note that Teachers' Pensions are not responsible for the payment of any medical fees. The fee for completing this form will be paid by either the applicant or their employer, if the applicant is still employed, or the applicant if they have left teaching service.

When the form is complete

Please forward all parts of the application form together to:

Teachers' Pensions,
11b Lingfield Point,
Darlington DL1 1AX

If you have any questions please contact us on 0345 606 6166

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