

Occupational Health Service

Standard

Operating

Procedures

Manual

A Manual for Boards of Management/VECs

July 2008 (Revised October 2011)

CONTENTS

Occupational Health Strategy	
Employee Assistance Service for Teachers	3

1	Introduction to Occupational Health service	4
2	Assessment of Medical Fitness Prior to Appointment as a Teacher (Pre-Employment Medical Questionnaire)	5
3	Sickness Absence and Medical Fitness to Return to Work	6
4	Ill Health Retirements	7
5	Appeal of Ill Health Retirements Decisions	9

Sample forms

Pre-employment medical questionnaire (PEMQ1)	10
Medical Fitness Referral Form (MEDREF1)	14
Frequently Asked Questions –Occupational Health Referral	16
Occupational Health Referral form (OHA1)	17
Application for retirement on grounds of permanent infirmity (RET.D.1)	18
Confidential Medical Report form on Teacher Seeking Ill Health Retirement (TMED1)	25

Occupational Health Strategy for Teachers

An Occupational Health Strategy has been put in place as a supportive resource for teachers. The aim of this strategy is to promote the health of teachers in their workplace, with a focus primarily on prevention rather than cure and has been progressed in consultation with teachers unions and management bodies. The Occupational Health Strategy comprises of the Employee Assistance and Occupational Health Services for teachers.

The Employee Assistance Service for Teachers

The Employee Assistance Service is the first stage in the development of an overall Occupational Health Strategy for teachers. An external provider has been contracted by the Department of Education and Science to deliver the Employee Assistance Service.

The purpose of the EAS is to provide teachers and their immediate family members with easy access to confidential counselling and to assist in coping with the effect of personal and work-related issues. The service which is free and confidential has been available since November 2006 to teachers serving in primary and post-primary schools.

The following services are available:

- Telephone Counselling – single sessions or short term structured counselling
- Face to Face counselling – up to four counselling sessions

Counselling is provided on issues such as health, relationships, addictions, bereavement, stress, conflict, critical incident and trauma.

Accessing the service

EAS is available 24 hours a day, 365 days a year.

For additional information on the EAS just click on to the Department of Education and Skills Website, www.education.ie and follow the link provided.

1 INTRODUCTION TO OCCUPATIONAL HEALTH SERVICE

Those who appoint and employ teachers have responsibilities for ensuring the health, safety, well-being and educational progress of students. They also have a duty under Section 8 of the **Safety, Health and Welfare at Work Act 2005** to “ensure, so far as is reasonably practicable, the safety, health and welfare at work of his or her employees”. In order to discharge these management responsibilities effectively, it is essential that employers of teachers access professional occupational health advice on teacher medical fitness. The Occupational Health Service is being put in place by the Department to provide employers with health advice in relation to teachers in posts which are Oireachtas funded.

This Standard Operating Procedures Manual aims to assist employers of teachers in accessing the services of the Occupational Health Service for teachers and should be read in conjunction with the Occupational Health Guide for Boards of Management/VECs and primary and post-primary Sick Leave circulars as appropriate.

Definitions

Employer – the term “employer” means a Vocational Education Committee and in the case of primary, voluntary secondary, community and comprehensive schools, a Board of Management/Manager. The Vocational Education Committee or Board of Management/Manager may delegate responsibility outlined in this guide to the Principal of the school.

The Department – Department of Education and Science

Occupational Health Service – an EU procurement process is undertaken every three to five years. The current provider of this service is Medmark Occupational Health

Contact Details

Medmark Occupational Health
28 Penrose Wharf
Penrose Quay
Cork

Phone: 1890 235 711

www.medmark4teachers.ie or www.education.ie and follow the link provided

2. ASSESSMENT OF MEDICAL FITNESS PRIOR TO APPOINTMENT AS A TEACHER (Pre-Employment Medical Questionnaire)

All successful candidates* being appointed for the first time to a teaching position in the Republic of Ireland or teachers returning from leave of absence or other break in service in excess of two full school years will be screened by pre-employment medical questionnaire.

It is essential that the system of assessing medical fitness to teach be completed and fitness confirmed before the teacher takes up or resumes a teaching post.

The procedure is as follows:

The employer directs the prospective candidate to log onto www.medmark4teachers.ie in order to complete and return a pre-employment medical questionnaire online

In the event of the prospective candidate not having internet access, the pre-employment medical questionnaire may be requested from the Occupational Health Service Provider. Upon completion the questionnaire must be returned by post to the address provided on the form.

A sample pre-employment medical questionnaire (PEMQ1) for teachers is located on page 10 of this manual

When received the pre-employment medical questionnaire is reviewed by the Occupational Health Service. This will prompt the following actions:

- 1) Occupational Health Service will issue notification to the employer confirming the candidate's fitness to teach *or*
- 2) Occupational Health Service will make contact with the candidate to clarify disclosed medical information. Once satisfactory clarification is received notification regarding fitness to teach will issue to the employer *or*
- 3) Occupational Health Service will request the candidate to attend for a pre-employment medical. The decision to request that a candidate attends is discretionary and based on the evaluation of the pre-employment medical questionnaire. Once the pre-employment medical is complete, notification regarding fitness or otherwise to teach will issue to the employer. Pre-employment medical assessments may on occasion result in the Occupational Health Service identifying reasonable accommodation requirements for those with a particular disability or may result in confirming fitness to teach with some restrictions on duties applied.

* Please note that a pre-employment medical questionnaire should be completed only by a candidate selected for appointment.

3 SICKNESS ABSENCE AND MEDICAL FITNESS TO RETURN TO WORK

General criteria for referring teachers to the Occupational Health Service: (please also refer to Occupational Health Service Guide for Boards of Management and Primary and Post Primary Sick Leave Circulars where appropriate)

- 1 Non-discretionary:
Teachers who have been absent as a result of illness for 12 or more weeks cumulatively or continuously in a 12 month period
- 2 Discretionary referrals: Teachers about whom the employer has concerns relating to their medical fitness for work. (please refer to paragraph 5.2 of the [Occupational Health Service Guide for Boards of Management/VEC's](#))

Employers Role

The employer may seek advice by telephone from the Occupational Health Service

The employer makes a decision to refer a teacher to the Occupational Health Service

The employer must inform the teacher of the decision to refer and outline why this decision is being made

The employer completes an online referral form by logging onto www.medmark4teachers.ie – A sample referral form (MEDREF1) is located at page 14 of this manual

A copy of the referral form must be made available to the teacher together with a copy of the Frequently Asked Questions located on pages 14-16 of this manual

Occupational Health Service Role

Occupational Health Service will decide if criteria for medical referral are met

The Occupational Health Service will explain to the employer the reasons why the referral is not to proceed

If medical referral is appropriate the Occupational Health Service arranges an appointment with an Occupational Health Physician in one of the regional centres

The Occupational Health Service will inform the employer of time/date/venue for appointment

Medical Assessment

Part of the medical assessment, will involve if appropriate the completion of Occupational Health Assessment form. A sample assessment form (OHA1) is located on page 17 of this manual

An Occupational Health Physician will carry out the assessment.

The Occupational Health Physician will advise the teacher that a report will issue to the employer in due course. An opinion will not usually be given to the teacher on the day.

The Occupational Health Physician will contact the referring employer with the outcome of the assessment.

4 ILL HEALTH RETIREMENT

A teacher may decide to apply for ill-health retirement pension benefit having developed a medical condition and formed the view that s/he is permanently incapacitated and that the medical infirmity is likely to be permanent.

The process is outlined in the document [**IHR info – Ill Health Retirement Procedures**](#). Please refer to this document which outlines full details of the process.

Forms

Application for ill-health retirement pension benefit is made by completing two forms: one TMED 1 must be returned to Occupational Health Service by the treating physician and the other RET.D1 to Department of Education and Skills/Vocational Education Committee as appropriate.

Form TMED1 (see [**IHR info - Ill Health Retirement Procedures**](#) - all applicants). Please send this form and required documentation to Occupational Health Service for medical assessment purposes. (All medical conditions must be disclosed to the Occupational Health Service at this time).

Form RET.D1 (available to VEC teachers at local VEC, to **primary, secondary, community and comprehensive teachers** at [**IHR Info - Ill Health Retirement Procedures**](#).) Receipt of this form in DES/VEC as appropriate will initiate the administrative process.

Process

Stage 1 - Application

The application for retirement on ill-health pension must be completed on the prescribed Application Form RET.D1 must be signed and stamped by the employer and forwarded to DES or the employing VEC.

- The teacher must complete the relevant part of Form TMED 1 and give to his/her treating physician for completion. Once assured by the physician that TMED 1 has been forwarded to Occupational Health Service, the teacher will forward the fully completed application Form RET.D1 to DES/VEC
- The treating physician must complete the form and also provide a confidential Doctor to Doctor medical report to the Occupational Health Service. A report from a specialist physician may be included with the Doctor to Doctor report also if the teacher has been attending a specialist physician. It is not acceptable to submit form TMED 1 from a doctor who is not the teacher's current treating doctor (i.e. a doctor attended primarily for medical report preparation)
- It is essential that the medical evidence submitted is comprehensive and includes all relevant clinical details. It must address diagnosis, treatment and prognosis.
- The cost of compilation of all such reports is the responsibility of the teacher.
- It is also the responsibility of the teacher to ensure that all medical reports are forwarded by the treating doctor to the OHS.
- It is **not** the responsibility of the Occupational Health Service to seek TMED 1 or associated medical reports.
- Upon receipt of TMED 1 (including all the necessary reports) and notification from DES/VEC that RET.D1 has been received, the Occupational Health Service. will contact the teacher to arrange an appointment.
- The teacher will attend for a medical assessment, part of which will involve completing an assessment form.
- A recommendation will issue to the Department/VEC, following medical assessment by Occupational Health Service.
- A report will be retained on file by the Occupational Health Service.

- The decision to approve or reject an application for ill-health retirement pension is made by Minister/VEC in their role as pension scheme provider. The decision is based on the recommendation of the Occupational Health Service.
- This decision will issue in writing directly to the teacher by DES/VEC.
- This letter will include the date of retirement where the application is successful.

The letter will also include details of the appeals process where the application is unsuccessful. The result of the appeal process does not interfere with the legal rights of the scheme member in respect of Internal Disputes Resolution (IDR) or the Office of the Ombudsman.

5 APPEAL OF ILL HEALTH RETIREMENT DECISION

A teacher may appeal the decision to refuse the application for ill health retirement pension benefit in accordance with the procedures detailed below. This does not interfere with the legal rights of the scheme member in respect of Internal Dispute Resolution or Pensions Ombudsman. The cost of the medical assessment element of the appeal must be borne by the teacher. In the event that the appeal is successful the cost will be refunded to the teacher.

The decision to approve or reject an ill-health retirement pension appeal is made by the Minister as pension provider (or in the case of VEC teachers by the relevant VEC). The Minister/VEC makes a determination and issues a notification to the teacher concerned.

A number of registered medical practitioners, who are suitably qualified to assess medical fitness for work, have been selected and approved by the Occupational Health Service and the Chief Medical Officer of the Civil Service to provide an appeal mechanism for teachers who wish to appeal the decision of the Minister/VEC. Details of the approved registered medical practitioners will be provided to the teacher on request from Occupational Health Service where the application for ill health retirement pension benefit has been refused by the Minister/VEC.

It is open to the teacher to request a copy of the medical assessment report from the Occupational Health Service

Please refer to [IHR info - Ill Health Retirement Procedures](#) for details.



Pre-Employment Medical Questionnaire

Surname	First Name		
PPSN	School Roll Number	Date of birth	
Home Address	Name and Address of School	Contact phone number (landline & mobile) & e-mail address	
Type of School, tick as appropriate	If you teach any of the following subject, tick as appropriate		
Primary Secondary VEC	Metal/Woodwork Home Economics Science Physical Education		
<p>PLEASE COMPLETE THE FOLLOWING HEALTH QUESTIONNAIRE: WHERE A "YES" IS PROVIDED IN ANSWER TO ANY OF THE FOLLOWING QUESTIONS PLEASE PROVIDE SOME DETAILS.</p> <p>NOTE: MEDMARK MAY CONTACT YOU FOR CLARIFICATION WHERE MEDICAL INFORMATION IS INCOMPLETE.</p>			
	Yes	No	Details
Have you ever completed a pre-employment medical questionnaire for medmark? If so, please give details			
Have you ever been treated or had counselling for any addiction disorder, alcohol or drug abuse? If so, please give details.			
Do you smoke? If yes, please quantify your daily intake			
Do you drink alcohol? If yes, what is your weekly consumption of alcohol in units? 1 Pint Beer = 2 Units Spirit = 1 ½ Units Glass Wine = 1 Unit			
Have you ever been denied a job on health grounds?			
Have you ever been medically retired from any job, or left any job because of ill health? Please give details.			

Have you ever had any illness or health related problem that may have been caused or made worse by your work?			
Have you attended any doctor for medical care or treatment in the last five years for any kind of health problem? If so, please give reasons.			
Are you currently taking any medication? If yes, please state why and the name of the medication.			
Are you currently receiving or waiting for, any medical treatment or investigation? If so, please give details.			
Have you ever had any illness, medical problem or disability that may currently affect your ability to work safely as a teacher			
Have you had any days off sick in the last 2 years? If yes, please give number of days and reasons to the best of your recollection.			

PLEASE COMPLETE THE FOLLOWING HEALTH QUESTIONNAIRE: WHERE A “YES” IS PROVIDED IN ANSWER TO ANY OF THE FOLLOWING QUESTIONS PLEASE PROVIDE SOME DETAILS TO INCLUDE RELEVANT DATES, DIAGNOSIS, TREATMENT, ONGOING SYMPTOMS.

NOTE: MEDMARK MAY CONTACT YOU FOR CLARIFICATION WHERE MEDICAL INFORMATION IS INCOMPLETE.

HAVE YOU EVER HAD OR DO YOU NOW SUFFER FROM	Yes	No	Details
Lung/Chest Problems? e.g. Asthma, TB, Pneumonia, Bronchitis			
Heart problems or circulatory disorders? e.g. Heart Murmur, Heart Attack, High Blood Pressure, Anaemia, Circulatory Problems, e.g. varicose veins/ankle swelling.			
Stomach, Bowel or liver disease, gallbladder or pancreatic problems.			
Prostate problems, bladder or continence problems, kidney disorders? e.g. Kidney stones, infections, kidney failure.			
Glandular problems? e.g., diabetes or thyroid problems.			
Disorders of the nervous system? e.g. fits, blackouts, migraine, recurring headaches, epilepsy, stroke, mini stroke, dementia			
Psychiatric or mental health illness or psychological problems including anxiety, depression, schizophrenia, nervous breakdown, eating disorders (anorexia/bulimia), panic attacks, burnout			
Fatigue syndrome? e .g. post viral fatigue, M.E.			
Do you have any eye disorder not corrected with glasses or any other eye problems? e.g. colour blindness, lazy eye, glaucoma, cataracts etc.,			
Ears, nose, throat or any voice disorders? e.g. deafness, tinnitus, voice weakness/voice projection difficulties, recurring laryngitis			
Skin problems? e.g eczema, dermatitis, psoriasis.			
Tumours – benign or malignant?			

Allergies? e.g. to drugs, food, chemicals.			
Back, neck, joint problem or arthritis, gout or any other rheumatic disorder? e.g. backache, disc prolapse, disc/back surgery, soft tissue injury, occupational back injury, arthritis, rheumatism, fibromyalgia			
Work related upper limb disorder (WRULD) or repetitive strain injury (RSI), tendonitis?			
Any gynaecological problems?			
Any other accidents, illness or injuries?			

OCCUPATIONAL HISTORY		
Please provide some detail concerning recent positions you have held		
Dates: From – To	Workplace	Job Description

DECLARATION

I understand that the purpose of this Pre -Employment Medical Questionnaire is to establish the following:

- ❗ That I am fit for the post for which I am making application
- ❗ That I can carry out the duties of the post without any undue risk to the health and safety of myself or any other person
- ❗ That my employer will have reasonable expectation that I will provide regular attendance at school

I declare that the information I have given is true and complete to the best of my knowledge and that I have not withheld any material facts. I understand that I am responsible for the accuracy of my statement and that if I wilfully suppress and information I risk the loss of appointment. I understand that by submitting this pre employment questionnaire I consent to Medmark Occupational Health furnishing notification concerning my fitness to teach to the named school.

Signed: _____

Date: _____

The information on this document may be stored in either paper or electronic form. It is for the use of the occupational health service for teachers. The data will be held in accordance with Data Protection Legislation

This document and its contents are confidential medical records which will remain with Med occupational health and will not be disclosed to another party without your consent

WHERE TO SEND THIS FORM IF NOT SUBMITTED ON-LINE

Post to:

**Medmark Occupational Health,
28 Penrose Wharf,
Penrose Quay,
Cork.**

If you have any difficulty completing this form please contact us at 1890 235711



A copy of this form must be made available to the teacher

Medical Fitness Referral Form

Date of Referral :	
---------------------------	--

Teacher Details:	
Name Date of Birth PPSN Contact Number Job Title Length of service in yrs	

Details for person in the school managing case who can be contacted to discuss case if required	
Full Name Job Title Phone Number E-Mail School Name School Roll Number	

<p>Attendance Record -Please give details of absences owing to illness in the past 4 years - For Primary, Secondary, Community and Comprehensive Schools a 4 year report can be printed from the OLCS and attached here. Please refer to page 11 of the Department of Education and Science Quick Reference Manual for OLCS in this regard.</p>
<p>In Work at Present? Duration of Current Absence if Applicable: Certified Reason for Absence if Applicable:</p>

Reason for Referral & Background Workplace Information

Reason for referral and issues to be addressed (please choose category)	
Non Discretionary Sick Leave Absences (Please specify) Discretionary Sick Leave Absences (Please specify) Other (please specify)	

<p>Details of the nature of the specific teaching duties of the post and any associated duties:</p>
<p>Any change in the Individual's performance and their duties prior to commencement of sickness absence:</p>

Any reason that the employing organisation may have to believe that the absence may be work related:

--

Any alcohol or drug related problems:

--

Any other information considered relevant to the referral:

--

Confirmation that the reason for referral has been fully explained to the teacher:

↑ YES ↑ NO

If NO please state reason: _____

Referral Form Completed By :	
Job Title :	

WHERE TO SEND THIS FORM IF NOT SUBMITTED ON-LINE

Post to:
Medmark Occupational Health,
28 Penrose Wharf,
Penrose Quay,
Cork.

If you have any difficulty completing this form please contact us at 1890 235711

For Official Use Only:

Has employee been seen by the OHS before? Yes No

Has an appointment been made Yes No

Please detail location, date and time of this appointment _____

Frequently Asked Questions - Occupational Health Referral

Your Medical Examination Information

You may be requested to attend an Occupational Health Assessment and may have a number of questions regarding this. This introduction answers some of the most frequently asked questions. If you have any other queries, please do not hesitate to contact one of the Medmark Team on 1890 235711.

Why have I been referred to the Occupational Health Service?

Your file has been referred to the Occupational Health Service by your employer for the purpose of an independent review of your health in relation to work.

Will I have to present for assessment?

Not in all instances. The Occupational Health Service will decide if medical assessment is appropriate.

If required to attend for assessment, Who will I attend?

You will attend an occupational physician- a doctor whose area of interest is work, health, ability and disability and any circumstances where work and health interfere with each other.

What is involved in an Occupational Health Assessment?

It is likely the Occupational Health Physician has been sent a referral note by your employer asking him/her to address certain issues relating to your health and fitness for work. The Occupational Health Physician will start the assessment by discussing your role in school and your occupational history and will then proceed to assess the reason for your referral, the nature of your medical complaints and associated work absence. At the end of the history taking, if it's appropriate the Occupational Health Physician may do a physical examination.

What about the confidentiality of my medical history?

Everything that goes on in the assessment is entirely confidential, between you and the Occupational Health Physician. You can tell the Occupational Health Physician anything you like during this assessment and you may be reassured that nothing will be disclosed to any other party without your consent- with one exception: the Occupational Health Physician is allowed to express an opinion as to whether you are fit or unfit for work or any restrictions or modifications that should be placed on your work.

What do I need to bring with me to the medical?

Please bring with you the name of any medication you are taking, details of your GP and hospital Specialist, copies of any letters written to your GP by the Specialist, if you have them.

What format will the report take?

The Occupational Health Physician will write a report to your employer that will include, recommendations regarding your fitness for work and likely timescale of return to work and any adjustments/restrictions required. This will help your employer to know how to accommodate your needs in the workplace.

Can I have a copy of the report?

You may request a copy from your employer or you may request a copy of the report on applying in writing to Medmark, citing the Data Protection Act.

Can I bring someone with me?

Yes, you are welcome to take a friend or relative with you should you so wish.

Occupational Health Assessment Form

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:

Surname	Date of Birth	Today's Date
First Name	Telephone (Home)	Telephone (Work)
E-Mail	Mobile Number	Years of service
Home Address	Name and Address of Family Doctor	

School address	Name of School Principal
When were you last at work	Reason for referral here today
Nature of current medical complaints	Current medications
Any significant past medical complaints	Name of any specialists attended

Following your assessment the doctor may wish to contact your doctor(s), seeking their opinion on the nature of your medical complaints and your fitness for work. Please sign below to indicate your consent to Medmark obtaining such a report. Any information received will be dealt with in confidence.

Signature

An Roinn Oideachais agus Scileanna,
 Cor na Madadh,
 Baile Átha Luain,
 Co. Na hIarmhí



Department of Education and Skills,
 Cornamaddy,
 Athlone,
 Co. Westmeath.

**APPLICATION BY TEACHER FOR RETIREMENT PENSION AND LUMP SUM
 ON GROUNDS OF PERMANENT INFIRMITY**

Please tick (✓) box to indicate school type in which you teach Primary Secondary Community/Comprehensive

N.B. Please refer to info IHR procedures document. Form **TMED 1** must be given to your current treating physician in advance of sending this form to the Department. The completed form **TMED1**, “Doctor to Doctor” report and associated medical reports must be sent to the Occupational Health Service at the address on that form in order to progress the application.

PART 1 ~ YOUR DETAILS Please use BLOCK CAPITALS

1. Your PPS No.:

2. Title: Mr. Mrs. Ms Other

3. Surname:

4. First name(s):

5. Date of Birth :

6. Address:

7. Your Telephone No.: Mobile:
 Landline:

8. Email Address: _____

PART 2 ~ DETAILS OF YOUR ABSENCE/EMPLOYMENT STATUS Please use BLOCK CAPITALS			
Are you currently on Leave of Absence	<i>Please circle as appropriate</i>	YES	NO
If yes, please give details of the type of absence, (<i>Sick leave, Career break, other –please specify</i>)			
Date absence commenced	Day	Month	Year
Have you resigned from your employment	<i>Please circle as appropriate</i>	YES	NO
If yes, date of resignation	Day	Month	Year

Please answer the following questions.

1.	During your teaching career did you give teaching service:	<i>Please answer YES or NO</i>
	a) As a member of a Religious Order on the approved staff of a Capitation Primary School?	
	b) As a supernumerary teacher in a Primary School?	
	c) With the Agency for Personal Services Overseas (APSO/Comhlamh)?	
2.	Have you served as a Teachta Dála, Senator or in a Ministerial capacity?	
3.	Have you received a marriage gratuity or a refund of contributions for teaching service?	
4.	Have you applied to purchase a period of actual service given in a Primary, Secondary, Community or Comprehensive School?	
5.	Are you purchasing service under the Notional Service Purchase Scheme?	
6.	Are you contributing to Additional Voluntary Contributions?	
7.	Have you given service in Great Britain or Northern Ireland?	
8.	Are you in receipt of, or eligible for, benefit from any other Public Service Pension Scheme?	
9.	Have you given pensionable service in any other State or Semi-State organisation, eg Health Board or Local Authority?	
10.	Is there a court approved Pension Adjustment Order in place in relation to your retirement benefits?	

NOTE: If answer is "yes" please attach a separate sheet giving details.

PART 5 – YOUR QUALIFICATIONS

Primary qualification details (degree/diploma/certificate etc)						
Duration of study period to attain this primary qualification	From		To			years
Do you hold a Higher Diploma in Education (H.Dip)	<i>Please tick as appropriate</i>			<i>If yes please state year H.Dip was conferred</i>		
	YES		NO			

PART 6 – FOR COMPLETION BY NON-MEMBERS OF THE SPOUSES’ AND CHILDREN’S PENSION SCHEME.

I declare that I am not a member of the Spouses’ and Children’s Pension Scheme.
 I understand as a result of my **non-membership** of the Spouses’ and Children’s Scheme, that should I pre-decease my spouse/civil partner s/he will have no entitlements under that scheme nor will my children (if any) as I am not a member.

Name of Teacher (Block Capitals)																			
Signature of Teacher																			
Date																			
If you are not a member of the Spouses’ and Children’s scheme, please proceed to Part 7A of this form having completed the above																			

PART 6A - FOR COMPLETION BY MEMBERS OF THE SPOUSES’ AND CHILDREN’S PENSION SCHEME

I declare that I am a member of the Spouses’ and Children’s Pension Scheme.

Name of Teacher (Block Capitals)																			
Signature of Teacher																			
Date																			
1	Please tick (✓) the correct description of your status	Single	Married	In a Civil Partnership	Widowed	Separated	Divorced												

If you have been single for the entire period of your membership of this scheme please proceed to Part 7A of this form

2	If you are married, in a civil partnership, widowed, separated, or divorced, please complete V, W X, Y and Z																		
V	Name of Spouse/Civil Partner																		
W	Date of Marriage/Civil Partnership	<i>Day</i>	<i>Month</i>	<i>Year</i>	<i>Enclosures</i>														
					<i>Marriage/civil partnership certificate</i>	YES													
X	If your spouse/civil partner have predeceased you, please state date of death of spouse/civil partner.				<i>Death certificate</i>	YES													
						NO													
Y	If you are divorced, please state date of divorce				<i>Decree Absolute</i>	YES													
						NO													
Z	Is there a Pension Adjustment Order (PAO)	YES	NO		<i>Pension Adjustment Order (PAO)</i>	YES													
						NO													

PART 6B – THIS SECTION TO BE COMPLETED BY LEGAL SPOUSE/CIVIL PARTNER *

My name*(Block Capitals)	_____																	
I declare I am the Legal Spouse/Civil Partner of (Name of Teacher - Block Capitals)	_____																	
Date _____ Signature _____	_____																	
<i>Legal Spouse/Civil Partner</i>																		

PART 7A – REVENUE PENSIONS DECLARATION - MANDATORY

	<i>Please answer YES/NO</i>
<p>1. Did you, on or after 7 December 2005:</p> <p>a. Become entitled to any pension¹, lump sum or any other pension related benefit (e.g. defined benefit / defined contribution occupational pension scheme, retirement annuity contract, PRSA, Additional Voluntary Contributions (AVC) for the purpose of supplementing retirement benefits etc) other than your pension entitlements from the Pension Scheme currently being claimed, or</p>	
Direct that a payment or transfer be made to an overseas pension arrangement?	
<p>2. Prior to the date of your retirement, or the date of commencement of pension payment, do you:</p> <p>a. Expect to become entitled to any pension, lump sum or any other pension related benefit (e.g. defined benefit / defined contribution occupational pension scheme, retirement annuity contract, PRSA, Additional Voluntary Contributions (AVC) for the purpose of supplementing retirement benefits etc) (other than the benefits arising from the current Pension being claimed), or</p>	
b. Intend to direct that a payment or transfer be made to an overseas pension arrangement?	
If you have answered YES to questions 1 or 2, you are required to complete Part 7B & 7C of this Declaration Form	
If you have answered NO to the questions 1 or 2, you are required to complete Part 7C below.	

¹ This does not include i) social welfare benefits, such as the State Pension or ii) private pension benefits which you received or which came into payment before 07 December 2005.

PART 7B– REVENUE PENSIONS DECLARATION

3. If you have an entitlement to any relevant pension benefit, <u>other than the current pension entitlement now being claimed.</u> please provide the following details in a separate document.	
a) the type of pension arrangement (e.g. defined benefit / defined contribution occupational pension scheme, retirement annuity contract, PRSA, Additional Voluntary Contributions (AVC) for the purpose of supplementing retirement benefits etc.);	
b) the date you became (or expect to become) entitled to the benefit(s) under the arrangement;	
c) the nature of the benefit(s) (e.g. pension, annuity, tax-free lump sum, taxable lump-sum, transfer to an Approved Retirement Fund etc);	
d) the name of the scheme/arrangement;	
e) the contact details for the scheme administrator;	
f) your reference number under the scheme/arrangement;	
g) in the case of a transfer made (or to be made) to an overseas pension arrangement, the amount or value (or expected amount or value) of the payment or transfer and the name of the scheme to which the transfer was (or is to be) made;	
h) in the case of each <u>defined contribution</u> arrangement, the value of the fund (or the expected value of the fund) on the date you became (or expect to become) entitled to the benefit(s) under the arrangement;	
(i) in the case of each <u>defined benefit</u> arrangement:	
1. where you have taken (or intend to take) a pension under the arrangement the <u>annual amount</u> of the pension payable (or expected to be payable) to you when the pension commenced (or commences) (please provide monetary amount);	
2. the amount of any separate lump sum benefit taken or to be taken (ie other than by way of commutation of a pension) (please provide monetary amount);	
3. where you have exercised an option (or intend to) in accordance with section 772(3A), 784(2A) or 787H(1) of the Taxes Consolidation Act 1997 (i.e. an “ARF” option), the amount or market value of the cash or other assets as were (or are expected to be) transferred either to you, to an ARF and/or an AMRF, following the exercise of the option.	
4. Where you have not exercised an option (or do not intend to do so) in accordance with section 787H(1) of the Taxes Consolidation Act 1997 and instead have retained (or intend	

to retain) the assets of the PRSA in that or any other PRSA, the amount or market value of the cash or other assets as are retained in the PRSA	
4. Do you have a certificate from the Revenue Commissioners stating the amount of the <i>Personal Funds Threshold</i> in accordance with section 787P of the Taxes Consolidation Act 1997 (If the answer is YES, please enclose a copy)	

PART 7C – REVENUE PENSIONS DECLARATION

I declare that the information provided by me in this form is complete and correct. I consent to the administrator of the Teachers Pension Scheme contacting the scheme administrator, as appropriate, on my behalf for the purposes of clarifying, if necessary, any aspect of the formation provided under this Declaration.

FULL NAME (<i>Block Capitals</i>)																				
SIGNATURE																				
DATE																				
PPS NUMBER																				
ADDRESS																				

Be aware that there is provision in the legislation that, where capital value of one's pension benefits exceeds the SFT/PFT, tax due on any chargeable excess may be deducted from the pensioner's lump sum or ongoing pension

PART 8 – DECLARATION FOR APPLICATION FOR BENEFITS

I wish to apply for Retirement Pension and Lump Sum, in accordance with the terms of the Teachers Pension Scheme, having developed a medical condition and formed the view that I am permanently incapacitated. I certify that, to the best of my knowledge, the details given in this application are true and correct. I have completed the Checklist attached and read the retirement procedures document. I understand and accept that if I am awarded ill-health retirement pension I will be deemed to have resigned from my teaching position. I accept that thereafter I will be prohibited from teaching in any capacity in a school or college funded directly or indirectly by the State. I understand that added years may not be granted where it is considered that a staff member's disability has been caused by the member's own misconduct or default. I have given Form TMED 1 to my current treating physician for completion and I have been assured by him/her that the completed form and all medical reports have been forwarded to the Occupational Health Service at the address on Form TMED 1.

Teacher's signature	
Date	

Completed form and relevant documents to be forwarded to:
Teacher Pensions Section, Department of Education and Skills, Cornamaddy, Athlone, County Westmeath
Email: pensions@education.gov.ie Web: www.education.ie

CHECKLIST FOR COMPLETION OF FORM Ret D1 (APPLICATION FOR RETIREMENT BENEFITS FORM)

Incomplete information or missing documentation is likely to result in delayed payment when pension entitlements are being processed.

Please answer YES or NO below to confirm that you have completed, signed and included all necessary documentation in an envelope with your application:-

		YES	NO
Fully completed and signed Application (Form Ret D1)	Mandatory		
Declaration for application of benefits signed	Mandatory		
Signature by Non – member of Spouse and Children Scheme	If applicable		
Signature by Member of Spouse and Children Scheme	If applicable		
Signature of Spouse/Civil Partner of member of Spouse and Children Scheme	If applicable		
Pension Adjustment Order	If applicable		
Civil Marriage Certificate/Civil Partnership Certificate	If applicable		
Revenue Pensions Declaration (Form Ret D1 Part 7A & Part 7C and 7B if applicable)	Mandatory		

I have completed the form fully, obtained the relevant documents, checked all against this completed check list and enclose all the documentation required.	
Signature of Teacher	
Date	

Completed form and relevant documents to be forwarded to:

**Teacher Pensions Section, Department of Education and Skills, Cornamaddy, Athlone, County Westmeath
Email: Pensions:education.gov.ie Webb: www.education.gov.ie**

**Confidential Medical Report for Occupational Health Service Provider
To Accompany a Doctor to Doctor Report**

TO BE COMPLETED BY TEACHER *Please note that incomplete applications may give rise to a delay*

TEACHERS FULL NAME (<i>Block Capitals</i>)					
Address					
Phone number		Date of Birth			
Mobile phone number		PPSN			
School Name and Address					
Roll No		School Type	Sec	C+C	Primary

Note to Doctor

I am applying for pension and lump sum from the Teachers Pension Scheme, on the grounds of permanent medical infirmity. If awarded ill health retirement I will be deemed to have retired from my teaching post and I accept that I will be prohibited from teaching thereafter in any capacity in an educational establishment funded by the State.

The first step in this process is for you as my current treating doctor to complete and provide a confidential medical report to the Occupational Health Service provider detailed below. Please attach a "Doctor to Doctor" report to this form detailing your diagnosis, treatment and prognosis and forward to the address below. The "Doctor to Doctor" report is to include responses to the following questions:

- What has been the state of the patient's health during the last five years?
- What is the nature of the physical or psychiatric condition(s) from which the patient is now suffering?
- Treatment options which have been undertaken (eg medication/ surgical treatment/ counselling/ psychotherapy etc)?
- Have all reasonable treatment options been explored?

TO BE COMPLETED BY CURRENT TREATING DOCTOR.

1 Are you the teacher's current treating doctor?					
2 How long has this teacher attended you as a patient?					
3 When has this teacher last attended you as a patient?					
4 If the teacher has been attending a specialist physician you should include a report from that specialist.			<i>Attending specialist Yes/No</i>	<i>Report attached Yes/No</i>	
DOCTORS NAME <i>Block Capitals</i>					
DOCTORS SIGNATURE					
Doctor Stamp			DATE		
Thank you for completing this form and providing medical report. Your opinion is appreciated.			Please tick that you have attached report as requested		

Completed form and Doctor to Doctor report must be forwarded by the current treating doctor to: Dr Robert Ryan, Medmark Occupational Health, 28 Penrose Wharf, Penrose Quay, Cork.
All correspondence will be dealt with in the strictest confidence