

# Civil Service Injury Benefit Scheme (NI) [CSIBS(NI)]

APPLICATION FOR A PERMANENT INJURY  
AWARD FOR INJURIES OCCURRING  
PRIOR TO 1 DECEMBER 2005



Department of  
**Finance and  
Personnel**

[www.dfpni.gov.uk](http://www.dfpni.gov.uk)







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## Introduction

Injury Benefit is a benefit payable to members who have suffered an impairment to earnings as a result of an injury that has been sustained within the context of one of the qualifying conditions outlined below. The legislation governing the scheme, which is known as the Civil Service Injury Benefit Scheme (NI) [CSIBS(NI)], may be accessed through our website which is;

[www.civilservicepensions-ni.gov.uk](http://www.civilservicepensions-ni.gov.uk)

### RULE 1.3

## Qualifying Conditions

**1.3** Except as provided under rule 1.11 benefits in accordance with the provisions of this Part may be paid to any person to whom the Part applies and

- (i) who suffers an injury in the course of official duty, provided that such injury is solely attributable to the nature of duty or arises from an activity reasonably incidental to the duty; or
- (ii) who suffers an injury as a result of an attack or similar act which is directly attributable to his being employed, or holding office, as a person to whom the scheme applies; or
- (iii) who contracts a disease to which he is exposed solely by the nature of his duty; or
- (iv) who, having been recruited in the United Kingdom, is injured while in an area outside the United Kingdom for the purposes of his employment by an injury which is directly attributable to the existence in or near that area of a state of war, revolution, or serious and widespread internal disturbance, or is a direct result of deliberate acts of the local population or of sporadic political disturbance; or

- (v) who, having been recruited in the United Kingdom, but as a result of having been employed outside the United Kingdom suffers an aggravation of a disease from which he is already suffering, being an aggravation to which he was exposed because of his duty outside the United Kingdom:

except that benefits will not be payable if the said injury or disease, or aggravation, is wholly or mainly due to or is seriously aggravated by his own serious and culpable negligence or misconduct.



If you feel that you satisfy the above conditions please complete the application form.

## INDEX - Completing the form.

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## Important Note

**PART 1** – is for you or your representative to provide details/background to the injury for which the application is being made.

When you/your representative have completed pages 3 to 6 the application form should be forwarded to the Civil Service Pensions.

**When the application form is received by CSP an acknowledgement will be issued to you. It is then for CSP to decide, based on the information provided, whether entitlement to an award of Injury Benefits has been established. However, while this form is intended to be wide ranging it would not be possible to account for every scenario and it may be necessary for CSP to seek further details and/or take further action.**

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**Please note that failure to provide the requested consent in Part 1 will mean that the application will not proceed.**

**PART 2** – is for the Department/Line Management to provide input/comment in relation to the incident(s) for which the application is being made.

When the Department/Line Management have completed pages 7 to 9 the application form and any additional details being provided should be forwarded to Welfare/Staff Care.

**PART 3** – is for Welfare/Staff Care to provide an input/contribution to the application.

When Welfare/Staff Care have completed pages 10 and 11 they should forward the form and any accompanying documentation to the Occupational Health Service (OHS).

**PART 4** – is for OHS to provide a medical opinion.

When OHS have completed pages 12 and 13 they should forward the completed application form and any accompanying documentation to Civil Service Pensions (CSP).





**1.d** If the application arises from some form of complaint/dispute then CSP will seek corroboration of the claims made (such as, but not exclusively, the outcome of an investigation of a formal complaint) to be taken into account when deciding whether an award of Injury Benefits is appropriate.

However, it should be noted that it is not CSP's role to investigate or adjudicate on any complaint/allegation/assertion made in this background/account. The Injury Award process is not an alternative or complementary to a complaints/grievance/appeals procedure and CSP will not undertake such an investigation.

**1.e** Did you lodge a formal complaint/appeal in respect of the incident(s)?

**Yes**

**No** (Please go to **1.g**)

If yes, then to whom? (e.g. Line Management, Equal Opportunities etc. State below)

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**1.f** Do you consent to a copy of the outcome of the investigation being provided for the purposes of considering eligibility for an award of Injury Benefits?

**Yes**

**No**



**Please note that failure to provide consent for the release of information may result in an unsuccessful application, as entitlement to Injury Benefit may not be established without this consent.**

**Please ensure that Part 1 and the consent for release of information have been fully completed and sign and date below.**

**1.g** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## CONSENT FORM

You have applied for an award of Injury Benefits under the CSIBS(NI). In order to consider your application it may be necessary to obtain further information from the following:

- Occupational Health Service
- Staff Care/Welfare
- Your medical care providers (i.e. your GP, consultant etc.)
- Your Department

Please note that while one or more of these may be approached if it is considered necessary/appropriate this does not indicate that they will be.

I agree to Civil Service Pensions as the administrators of the CSIBS(NI) and/or the Occupational Health Service (OHS) as the medical advisers to the Northern Ireland Civil Service having access to reports and/or records from my Department, Staff Care/Welfare and or the OHS. I also agree that, if considered necessary/appropriate, the OHS may have access to/or obtaining reports and/or records from the sources listed below. In doing so I understand that the information provided will only be used in the processing and/or consideration of my application for an award of Injury Benefits.

**Name of General Practitioner:** \_\_\_\_\_

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

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Name of Consultant:** \_\_\_\_\_

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

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Name of Other:\* (please specify)** \_\_\_\_\_

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

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Name of Other:\* (please specify)** \_\_\_\_\_

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

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

I understand that any report or medical information requested by the OHS or their medical advisers will **NOT** be subject to the Access to Personal Files and Medical Records (NI) Order 1991. I give my consent for my doctor or medical specialist to release such medical reports without delay.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please ensure this section of the booklet is fully completed before you send it to your Department**

\*Other could be psychiatrist, physiotherapist etc.



**2.d** Did the applicant make Line Management/Department aware of the situation/incident that has been described in **Part 1** of this application form?

**Yes**

**No**

If **Yes** what action, if any, was taken by Line Management/Department?


**2.e** Did the applicant lodge a complaint/appeal in relation to the incident in question?

**Yes**

**No**

If **Yes** has the investigation into the complaint/appeal been completed?

**Yes**

**No**

**2.f** Please provide the following information where available (please note that the applicant has given consent for relevant details to be supplied)

- sick leave record
- job description
- outcome of investigation into complaint/appeal
- other documentation you feel may be relevant\* (see next page)

Please delete whichever is not being provided.

\*Details of additional documentation being provided

**2.g** Do you agree to CSP releasing the information supplied in **Part 2** and any accompanying documentation if a request is received from the applicant?

**Yes**

**No**

Completed on behalf of Line Management/Department

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

(BLOCK CAPITALS)

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

**Please ensure that this section of the form has been fully completed and then forward (with any accompanying documentation) to Staff Care/Welfare.**





## Part 4 - The Occupational Health Service (OHS)

**4.a.** Information available to Medical Adviser in carrying out the assessment

Give details:

**4.b.** Nature of the injury/illness/condition cited by the applicant in **Part 1**

Give details:

**4.c** Does the medical evidence support the claim that an injury, which is solely attributable to the incidents described by the applicant has occurred?

Yes

No

Give details: (including if an exacerbation of a pre-existing condition)

Go to Section 4e

Give details:

Complete Sections 4d and 4e

4.d.

### Injury Benefit Impairment of Earnings Capacity

Full Name: _____	National Insurance Number: _____
Date of Birth: _____ / _____ / _____	
Grade: _____	Department: _____

I have considered all the relevant medical and other reports about the above. My estimate of the degree to which the general earnings capacity has been impaired only by the effects of the injuries sustained through the causal incident(s) is:

LEVEL OF EARNINGS IMPAIRMENT		Tick one
Not appreciably affected	10% or Less	
Slight impairment	More than 10% but not more than 25%	
Impairment	More than 25% but not more than 50%	
Material impairment	More than 50% but not more than 75%	
Total impairment	More than 75%	

4.e


1. This opinion is given in good faith and is based solely upon information provided to me.  
I confirm that I am a registered medical practitioner authorised by the PCSPS(NI) to issue medical retirement certificates.
2. OHS consent to the part 4 being released by CSP if requested to do so by the applicant.

Signed: \_\_\_\_\_ Medical Adviser

Name: \_\_\_\_\_

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





[CSIBS(NI)] Issue 1. November 2005

*Permanent Injury Award Application  
Prior 1 December 2005*

Designed by Communications Team CSP.

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