

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

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



Department of
**Finance and
Personnel**

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

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.

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 Personnel Branch within your Department.

i **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).



Important Note

When the application form is received by CSP an acknowledgement will be issued to you. CSP will 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.

CSP would hope to be in a position to issue a decision within 4 weeks of receipt of the application form.

Part 1 - to be completed by the applicant (BLOCK CAPITALS)

Name: _____ Payroll Number: _____

Dept/Agency Address: _____ Nat. Ins. Number: _____

_____ Date of Birth: _____

_____ Grade: _____

Branch: _____

Part 1.a - Nature of injury/illness/condition (including date of injury)

1.b State the period(s) of sickness absence which you are requesting be considered for the payment award of Injury Benefits under the CSIBS(NI)

	From	To
1		
2		
3		
4		

1.c Have you previously suffered from the injury/illness/condition in question prior to the dates given above?

Yes (give details below)

No

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

Yes

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

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

1.g 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 this 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.

1.h On completing **part 1** please sign and date below

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 complain/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 Please confirm dates of absence

	From	To
1		
2		
3		
4		

2.h On what date did the applicant move to reduced pay? _____ / _____ / _____

2.i 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 incident(s) 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

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graph TD; A["4.a. Information available to Medical Adviser in carrying out the assessment"] --> B["4.b. Nature of the injury/illness/condition cited by the applicant in Part 1"]; B --> C["4.c Does the medical evidence support the claim that an injury, which is solely attributable to the incident(s) described by the applicant, has occurred?"]; C -- Yes --> D["Give details:"]; C -- No --> E["Give details (including if an exacerbation of a pre-existing condition):"]; D --> F["Go to section 4e"]; E --> F; F --> G["Complete sections 4d and 4e"];
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4.d.

Injury Benefit Impairment of Earnings Capacity

Name: _____ National Insurance Number: _____

Date of Birth: _____ / _____ / _____

Grade: _____ Department: _____

Is (are) the absence(s) listed in **Part 1** of this application form attributable at least in part to this injury/illness/condition?

(tick one)	YES	NO
Absence 1		
Absence 2		
Absence 3		
Absence 4		


- 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

*Temporary Injury Award Application
Prior to 1 December 2005*

Designed by Communications Team CSP.

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