

NHS (SCOTLAND) (INJURY BENEFITS) SCHEME

Superannuation No.

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(if member of Superannuation Scheme)

APPLICATION FOR AWARD OF INJURY BENEFITS

COMPLETE SECTION 1 AND SEND DIRECT TO YOUR EMPLOYER WHO WILL COMPLETE THE REST OF THE FORM

PLEASE COMPLETE USING BLOCK CAPITALS AND BLACK INK

- If you require advice on your application or further information on the Scheme please contact the SPPA at the following address: **SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE. Telephone: 01896 893110**
- Please note that injury benefits may **not** be due if the accident of illness was wholly or mainly due to or seriously aggravated by your own culpable negligence or misconduct.

SECTION 1

PART 1 – Your Personal Details

1. Surname

2. Forenames (in full)

3. Maiden name (if applicable)

4. Date of Birth

5. Title (tick correct box)

Dr

Mr

Mrs

Miss

Ms

6. Present Address (include Postcode)

Telephone No.

7. What is your present or last place of employment in the Health Service (Hospital and Health Board/Trust)

8. What was your job title at the time of the injury?

9. Date the injury occurred?

10. Please give details of all your UK, Northern Ireland and Isle of Man Health Service employment showing where you have worked, **with dates if possible** (continue on a separate sheet if necessary).

11. Give brief description of the injury or illness (continue on separate sheet if necessary).

12. Are you receiving or applying for an NHS Incapacity Pension? Yes No

13. Are you receiving or applying for Department of Work and Pensions (DWP) benefits as a result of your injury? Yes No

If yes, please complete below which ever benefits benefit are payable, and amounts in payment.

DWP BENEFITS	Tick whichever applies	Date awarded	Amount in payment
Industrial Injuries Disablement Benefit			
Reduced Earnings Allowance/Retirement Allowance			
Incapacity Benefit			
Severe Disablement Allowance			

N.B. If you answered 'NO' to question 13, but at some later date you claim DWP benefits you must notify SPPA immediately

14. If you are receiving or applying for compensation or a personal pension as a result of your injury/illness, please give full details of your solicitor/personal pension provider so we may contact them.

Part 2 – Declaration (without a signed declaration we cannot accept your application)

- I apply for the NHS Injury benefits due to an injury/disease which I consider to be wholly or mainly attributable to my NHS employment in Scotland.
- The answers I have given in Section 1 of this form are correct to the best of my knowledge and I will notify SPPA if I ever claim any of the DWP benefits above.
- I agree that any medical information necessary to decide my case will be obtained by me at my expense from my General Practitioner/Consultant, and/or other sources. I give consent for the SPPA to approach my Occupational Health Department or any other relevant sources for information if required. I am willing to undergo a medical examination if asked to do so.

Signed _____ Date _____

GP NAME AND ADDRESS	HOSPITALS ATTENDED FOR INJURY/ILLNESS

SECTION 2

TO BE COMPLETED BY THE EMPLOYING AUTHORITY

The following questions must be considered carefully as the terms of the Regulations do **not** apply to cases where in the injury or disease was wholly or mainly due to, or seriously aggravated by, the claimant's own culpable negligence or misconduct.

Note: The emphasis is on the words "seriously" and culpable" and should be considered carefully before responding "yes" or "no". If the Employing Authority considers the answer "yes", then the Agency should be provided with all relevant details.

1. In the Employing Authority's opinion was the injury or disease wholly or mainly due to, or seriously aggravated by the claimant's own culpable negligence or misconduct? Yes No

Signature (Personnel Manager) _____ Date _____

2. TICK THE BOXES TO SHOW WHAT PAPERS YOU ARE SENDING WITH THIS FORM

- Accident Report form (this must be sent to the Agency to avoid unnecessary delays)
- Reports by Occupational Health doctors
- Job Description
- Other papers. Please specify below

3. PLEASE PROVIDE THE FOLLOWING CONTACT POINTS

Personnel Department	Occupational Health Department
Name _____	Name _____
Address _____ _____	Address _____ _____
Post Code _____	Post Code _____
Telephone No. _____	Telephone No. _____

As a claim for damages/compensation may be made by the applicant in respect of the injury or illness, **please provide the name and address of your legal representative below who would handle any legal action raised against the Employer.**

Name	
Address	
	Post Code
Contact Name	
Telephone No.	

4. DETAILS OF SICK LEAVE, PAID OR UNPAID, DURING THE LAST 5 YEARS OF SERVICE

This information is required by the Medical Adviser in addition to any other medical information provided by the claimant or the employer.

Period to which entry relates		Reason for absence
From	To	

Please complete the table below with Pensionable Pay details for each adjustment in pay.

- Please provide details of employee's pensionable pay paid to the claimant during periods of sick leave with reduced or nil pay. (i.e. from date at 1a or b above).
- All changes or rates of pay (with relevant dates) **must** be provided.
- Any statutory sick pay (SSP) should be provided separately (include rates and dates) in the earnings. Dates for Nil pay should be included.

	Date		Full Pay	½ Pay	Nil Pay	SSP	Total Pay
	From	To					
1			£	£	£	£	£
2			£	£	£	£	£
3			£	£	£	£	£
4			£	£	£	£	£
5			£	£	£	£	£
6			£	£	£	£	£
7			£	£	£	£	£
8			£	£	£	£	£
9			£	£	£	£	£
10			£	£	£	£	£
11			£	£	£	£	£

Returned to Work

Pensionable Employment Terminated:

Date

Date

	Dates		Amount Paid
	From	To	
Annual Leave/Lieu of Notice			£

IMPORTANT

Employers are reminded that if the claimant continues to be employed on either reduced or nil pay, it is the employers responsibility to submit a copy of this page showing the splits in pensionable pay details to SPPA on a monthly basis for the duration of the applicant's sick leave.

SECTION 4

TO BE COMPLETED BY THE EMPLOYING AUTHORITY'S PAYROLL SECTION

PERMANENT INJURY BENEFIT

1. Particulars for average pensionable pay *prior to the date of termination or re-employment at lower pay. (i.e. prior to the date at Section 3 question 2).

NOTE:

- 1) In the case of non-superannuated staff the pensionable pay should be gross pay which would have been pensionable if they had been a member of the NHS Superannuation Scheme.
- 2) All figures provided must be the **employer's** pensionable pay details.

Period for average pensionable pay		Service No.of days	Whole-time	Part-time	Notes
			Pensionable Pay on which Employers contributions are based		
From	To		Pensionable Pay (including OSP's)	Actual Part-time Pay (including OSP's)	Please show dates of unpaid leave or unpaid sick leave

* The average pensionable pay means the final year's (365 days) pensionable pay of the best year's pensionable pay in either of the previous 2 years if higher than the final year's pensionable pay. Periods of unpaid leave must **not** be included when calculating the period of 365 days.

SECTION 5

TO BE COMPLETED BY THE EMPLOYING AUTHORITY'S PAYROLL SECTION

It is essential that information provided is accurate as pension calculations are dependant on this and any adjustments must be notified to SPPA as quickly as possible.

Applicant's National Insurance No.	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Applicant's Pay Reference No.	<table border="1"><tr><td> </td></tr></table>										
Signature	<table border="1"><tr><td> </td></tr></table>										
Date	<table border="1"><tr><td> </td></tr></table>										
Official Designation (Pay Office)	<table border="1"><tr><td> </td></tr></table>										
Full Name (BLOCK CAPITALS)	<table border="1"><tr><td> </td></tr></table>										
Employing Authority Address	<table border="1"><tr><td> </td></tr></table>										
Telephone No.	<table border="1"><tr><td> </td></tr></table>										
E-mail	<table border="1"><tr><td> </td></tr></table>										

After completion, the form must be sent to:

**Scottish Public Pensions Agency
NHS Injury Benefits
7 Tweedside Park
Tweedbank
Galashiels
TD1 3TE**