

APPLICATION FORM FOR ACCESS TO CRITICAL ILLNESS PROVISIONS (CIP)

**In order to be granted Critical Illness Provisions you must have a critical illness
and/or serious physical injury.**

**Critical Illness Provisions will only be awarded in exceptional circumstances and with
a report from the Occupational Health Service (OHS) supporting same.**

The Critical Illness Protocol (attached) must be read in full prior to submitting this form. The Protocol gives full details on the criteria required for access to extended sick leave for Critical Illness.

- 1. In making an application the person who is seeking the CIP must submit this form to the Cork ETB Human Resources Dept. for the attention of the HR Manager**
- 2. The HR Manager will make arrangements for a referral to the OHS as soon as possible.**
- 3. The OHS will advise the employer by way of a report if, in their opinion, the following criteria are met:**
 - ✓ **The employee is medically unfit to return to his or her current duties or (where practicable) modified duties**
 - ✓ **The nature of this medical conditions has at least one of the following characteristics:**
 - **Acute life threatening physical illness**
 - **Chronic progressive illness, with well-established potential to reduce life expectancy¹**
 - **Major physical trauma ordinarily requiring corrective acute operative surgical treatment**
 - **In-patient hospital care of two consecutive weeks or greater²**
- 4. On receipt of advice from the OHS, Cork ETB will consider the application**
- 5. The HR Manager will write to the applicant to inform them if they have or have not been granted access to CIP and will reasons for the decision.**

¹ In circumstances where there is no medical intervention.

² In the case of pregnancy related illness (natural or assisted pregnancy), the requirement for hospitalisation of two consecutive weeks will be reduced to two or more consecutive day of in-patient hospital/clinic care.

1. Employee Details

Name:	Employee No:
Home Address:	Place of Work:
	Post Title / Grade:
Preferred method of communication (All options may be selected and used for communications with you)	Postal Address:
	Email (Please confirm)
	Phone No. (Please confirm) (Mobile and / or home)

2. Employee Declaration:

I confirm that I have read the Critical Illness Protocol contained the relevant circular for my grade (outlined below) and that I wish to apply for access to CIP.

Signed: _____

Date: _____

Teachers CL 0059/2014; SNA's CL 0060/2014; ETB Staff other than Teachers / SNA's CL0063/2014

OFFICE USE ONLY

Date received in Head Office: _____

Date Referred to OHS: _____

Date of Report from OHS: _____

CIP Granted: Yes _____ No _____

Date of CETB Decision: _____

Confirmed by: _____ (HR Manager)

Entered into Core

Name: _____ Date: _____