



HSC Pension Service

Provided by

Business Services Organisation

The Health and Social Care Pension Scheme Regulations (Northern Ireland) 1995

**The Health and Social Care Pension Scheme Regulations (Northern Ireland) 2008
(effective from 1 April 2008)**

**The Health and Social Care Pension Scheme Regulations (Northern Ireland) 2015
(effective from 1 April 2015)**

Application for Allocation of pension from a HSC Pension Scheme member.

CONSENT FORM (TO BE COMPLETED BY THE APPLICANT)

I authorise disclosure of the following medical report to HSC Pension Service (HSCPS) and their appointed Medical Adviser. I understand that I am responsible for meeting any costs associated with the provision of this medical report.

Name of Applicant:

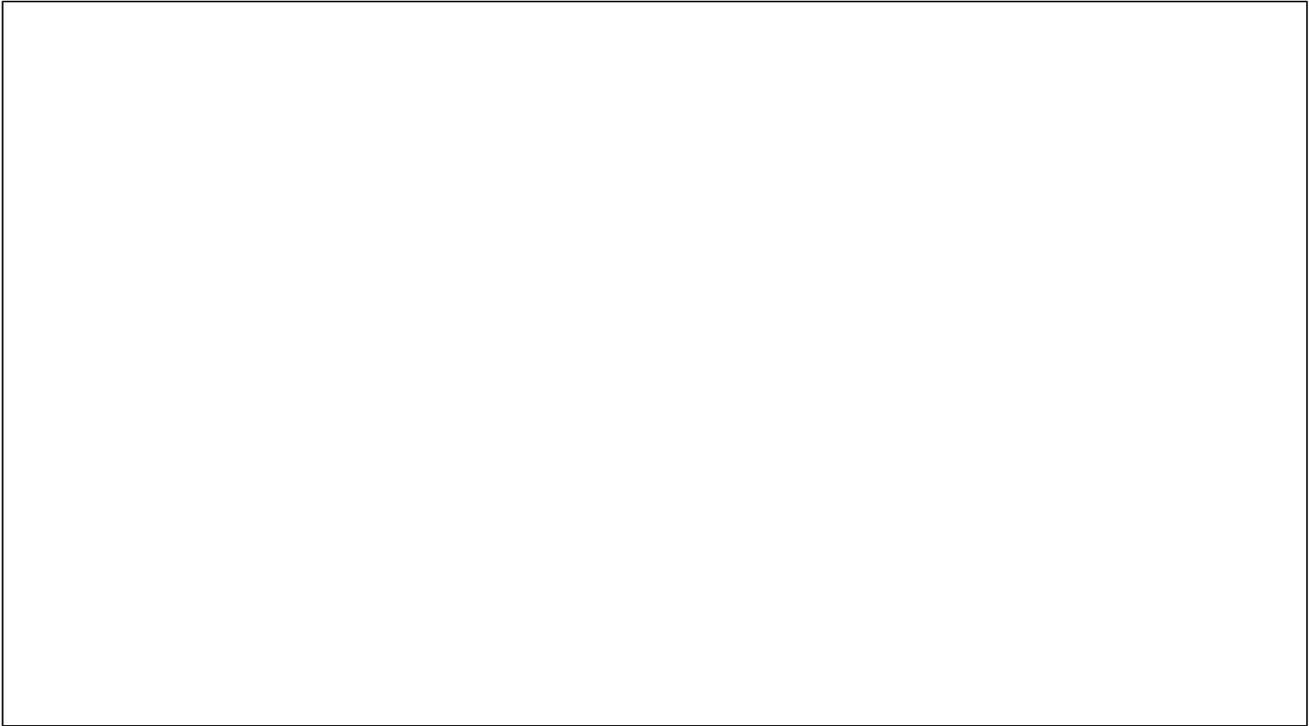
National Insurance No.

<input type="text"/>									
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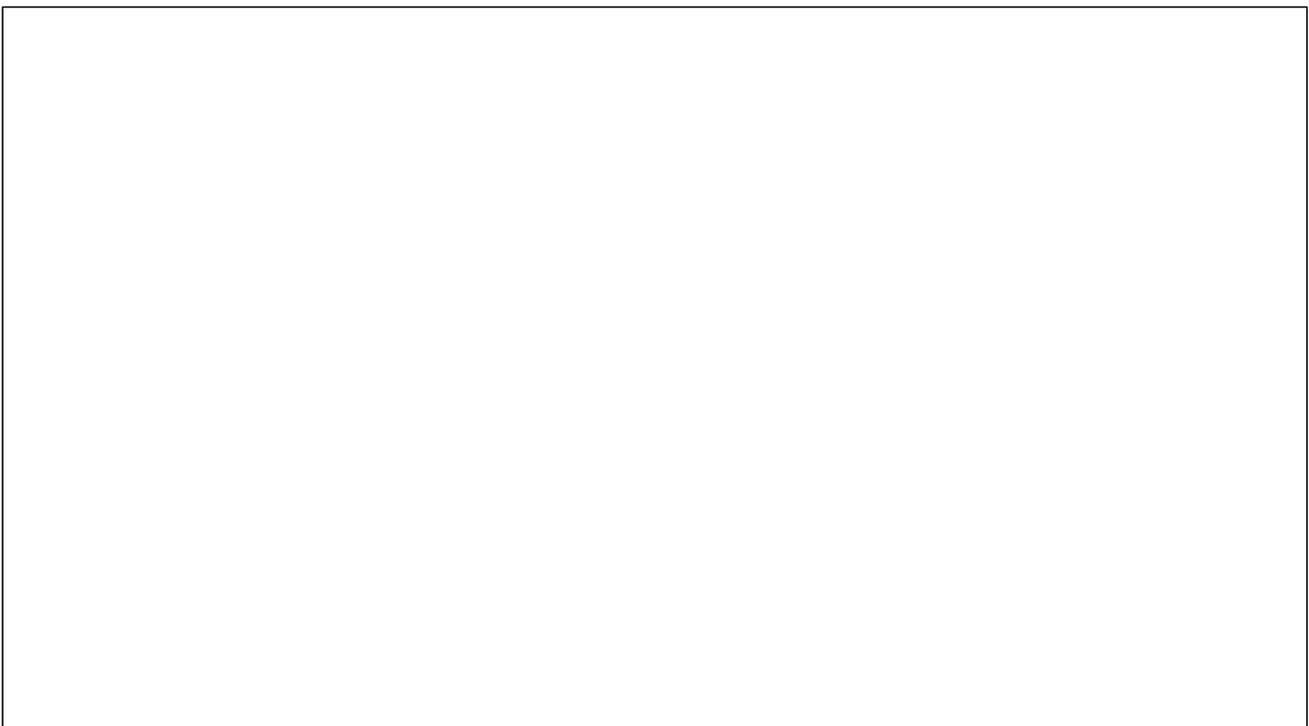
Signature of Applicant:

Date:

b) Please provide details of the past course of any medical conditions.



c) Please provide details of any reported symptoms, objective clinical findings, investigation findings, reported functional impairment and objectively confirmed functional impairment.



d) Please describe all relevant (if any) therapeutic intervention to date giving details of the nature of treatments, dates, durations, compliance, response and any adverse effects.

e) What is the likely future course of this member's health.

f) Please summarise information you consider to be relevant to the member's current and long term health.

Please attach copies of any consultant medical specialist reports of case notes which you have in relation to the member's present medical condition which might be useful in processing this application.

Please list the additional papers enclosed here:

I consider that (Name of Applicant).....

can be regarded as in good health for their age

cannot be regarded as in good health for their age

GP Full Name

Practice Address

Telephone No.

Signature

Date