

## HSC PENSION SERVICE

### APPLICATION FOR RETENTION OF MENTAL HEALTH OFFICER STATUS

**This form should only be used for members moving to a new employment and who wish to apply for Mental Health Officer (MHO) Status in that employment. Members applying for the retrospective award of MHO status for a current employment (employment start date 1 month prior to date of this application) or a previously held employment must apply through the Internal Disputes Resolution (IDR) process. The IDR form and associated guidance can be accessed on the [Internal Disputes](http://www.hscpensions@hscni.net) section of the scheme website [www.hscpensions@hscni.net](http://www.hscpensions@hscni.net)**

Part 1 of this form should be completed by the applicant

Part 2 should be completed by the applicant's line manager for the job specified

Part 3 should be completed by the Director of Mental Health

Part 4 should be completed by the Director/Assistant Director of HR

A copy of the Job Description and Job Specification should be included with this application.

PART 1 – To be completed by the applicant

Applicant's Name	
Previous Surname	
National Insurance Number	
Date of Birth	

I wish to apply for Mental Health Officer for the employment specified below.

Employment Start Date	
Place of Employment	
Working as:	

## **IMPORTANT NOTE**

**To be an MHO a member must:-**

- **Be working in a hospital used wholly or partly for the treatment of people suffering from mental disorder**
- **Devote all, or almost all, of their time to the treatment or care of such persons**
- **Have reckonable MHO membership in the HPSS Superannuation Scheme before 1 April 1995 and not had a break of more than 5 years in pensionable employment**

Part 2 – To be completed by the applicant’s Line Manager for the post specified

Please complete the table below, in respect of the employment specified by the applicant:

List the duties involving direct (hands on) treatment or care of mentally disordered patients	% of time spent per week on each duty
List the duties <b>not</b> involving (hands on) treatment or care of mentally disordered patients. ( <b><u>include all duties not listed above</u></b> )	% of time spent per week on each duty

Declaration

I declare that the information I have given is correct and complete to the best of my knowledge and belief.

Signed \_\_\_\_\_(Line Manager) Date \_\_\_\_\_

NAME BLOCK CAPITALS \_\_\_\_\_

**Part 3 – To be completed by the Director of Mental Health**

1. Applicants must have reckonable MHO membership in the HPSS Superannuation Scheme prior to 1 April 1995 please provide:

**Commencement date of new employment:** \_\_\_\_\_

2. For the period of employment specified will the applicant be employed in a hospital used wholly or partly for the treatment of persons suffering from mental disorders?

Yes  No

3. For the period of employment specified will the applicant devote all, or almost all, of their time to the treatment or care of persons suffering from mental disorder?

Yes  No

4. Please state whether the employer supports this application and provide reasons in the box below

4. I confirm that the information is correct.

Director of Mental Health signature \_\_\_\_\_ Date \_\_\_\_\_

NAME BLOCK CAPITALS \_\_\_\_\_

Contact Tel No: \_\_\_\_\_

5. EMPLOYER STAMP

**Part 4 – To be completed by the Director/Assistant Director (AD) of HR**

1. I confirm that the applicant named above will be/has taken up employment in the post which application refers to and that all information provided is correct.

Director/AD of HR signature \_\_\_\_\_ Date \_\_\_\_\_

NAME BLOCK CAPITALS \_\_\_\_\_

Contact Tel No: \_\_\_\_\_

EMPLOYER STAMP

