APPLICATION FORM FOR APPEAL OF CRITICAL ILLNESS DECISION

This form should be completed by an applicant who wishes to appeal the decision of the HR Manager not to grant Critical Illness Provisions (CIP). Submitting this form invokes the Civil Service Grievance Procedure (Circular 11/2001).

The Critical Illness Protocol and the Grievance Procedure must be read in full prior to submitting this form (both attached).

- 1. In order to appeal the CIP decision Applicants must complete and submit this form to their HR Manager within 30 days of receipt of the original CIP decision. The HR Manager will contact the applicant with a view to resolving the matter informally.
- 2. If the matter is not resolved and the CMO's <u>medical advice</u> is appealed, the case will be referred to the Chief Medical Officer (CMO) who will refer the case to an external Specialist Occupational Physician (SOP) for review¹. Medical advice can only be appealed in relation to the nature of an applicant's medical condition and if it **has at least one** of the following characteristics:
 - (a) Acute life threatening physical illness
 - (b) Chronic progressive illness, with well-established potential to reduce life expectancy
 - (c) Major physical trauma ordinarily requiring corrective acute operative surgical treatment
 - (d) In-patient or day hospital care of ten consecutive days or greater 2.
- 3. The HR Manager will review the CIP decision following receipt of advice from the SOP.
- 4. If the matter is not resolved and the use of <u>Management Discretion</u> (as per para 3.3 of the Protocol) is appealed, a Reviewer will review the original decision based on the reasons for appeal provided below. The Reviewer will, generally, be the Manager of the HR Manager.
- 5. If relevant, the case may be forwarded to the external Grievance Procedure Mediation Officer. Following receipt of the Mediation Officer's recommendation, the Reviewer will consider the case and make a decision on whether or not to award CIP.
- 6. The HR Manager will write to the applicant to inform them whether they have or have not been granted access to CIP and will provide reasons for the decision.

PERSONAL DETAILS³

PERSONAL DETAILS							
Name		PPSN					
Data of Binth		Cond. /Inh This					
Date of Birth		Grade/Job Title					
Department		Method of communication	(all options can be selected and may be used for communications with you)				
Business Unit		Postal Address					
(include Address)		Email Address					
		Phone Number					
		(mobile and/or home)					
REASON FOR APPEAL: Medical Advice	Date of original CIP decision by HR Manager: Management Discretion						
GROUNDS/BASIS FOR APPEAL: Provide all relevant information/evidence to support why you consider CIP should be awarded							
Do not attach medical documentation to this form. You should retain this documentation as it may be requested by the CMO/SOP.							
If additional space is required please attach additional paper.							

APPLICANT DECLARATION

AFFEICANT DECLARATION					
I have read the Critical Illness Protocol and the Grievance Procedure. I wish to invoke the Grievance Procedure to appeal the decision by					
the HR Manager not to grant access to CIP.					
Applicant Signature:					
Where an employee is too ill to make an appeal, a third party may do so on their behalf					
Date:					

¹ Appeal of medical advice by SOP will ordinarily be a file only review. The SOP fee will be paid in full by the Department/Office with half the fee to be reimbursed by the applicant to the Department/Office. If the applicant is successful in his/her appeal, s/he will be reimbursed by the Department/Office.

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

Information provided on this form will be used for the sole purpose of processing the CIP appeal by the applicant. It will not be used for any other purpose.