

# APPLICATION FORM<sup>1</sup>

## FOR ACCESS TO CRITICAL ILLNESS SICK LEAVE PROVISIONS

*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.*

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

1. Officers must submit this application form for CIP to their HR Manager.
2. The HR Manager will refer the officer to the Chief Medical Officer (CMO) immediately.
3. The CMO will provide advice to the HR Manager as to whether the officer meets the following criteria for CIP:
  - The officer must be, in the opinion of the CMO, medically unfit to return to his or her current duties or (where practicable) modified duties in the same pay grade; **and**
  - The nature of their medical condition must have **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<sup>2</sup>.
4. On receipt of advice from the CMO, the HR Manager will consider the application.
5. The HR Manager will write to the officer to inform them if they have or have not been granted access to CIP and will give reasons for their decision.

### PERSONAL DETAILS

Name		PPSN	
Date of Birth		Grade/Job Title	
Department		Business Unit <i>(include Address)</i>	
Preferred method of communication <i>(all options may be selected and used for communications with you)</i>	Postal Address <input type="checkbox"/>	Email Address <input type="checkbox"/>	Phone Number (mobile and/or home) <input type="checkbox"/>
Absence start date			

### APPLICANT DECLARATION

I have read the Critical Illness Protocol and I wish to apply for access to CIP.

Applicant Signature:

Date:

<sup>1</sup> This application form must be completed by the person to whom the CIP will apply if granted.

<sup>2</sup> 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.