

NHS Superannuation Scheme (Scotland) Regulations 1995

**NHS Superannuation Scheme (Scotland) Regulations 1995
(as amended from 1 April 2008)**

**NHS Pension Scheme (Scotland) Regulations 2008
(effective from 1 April 2008)**

Application for Allocation of pension from an NHS Superannuation Scheme member.

CONSENT FORM (TO BE COMPLETED BY THE APPLICANT)

I authorise disclosure of the following medical report to the Scottish Public Pensions Agency (SPPA) 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:

Superannuation No.

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Signature of Applicant:

Date:

MEDICAL REPORT FORM (to be completed by GP)

Applicant's Name

Date of Birth

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Home Address

To allocate part of their pension, a member has to be considered to be in good health with regard to their age. This will be decided by the Scottish Public Pensions Agency on behalf of the Scottish Ministers acting on advice provided by their Medical Adviser.

To assist SPPA to determine this application, you are asked to complete the medical information below.

Medical Information

a) Please list any currently diagnosed medical conditions.

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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