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| Logo - MoE (colour)  **Medical retirement**  **for serious illness**  Use this form to apply for medical retirement (serious illness) as provided for in the Secondary Teachers’ Collective Agreement, the Area School Teachers’ Collective Agreement, the Area School Principals’ Collective Agreement and the Primary Principals’ Collective Agreement. |
| **Who is applying** (employee or school to complete) |
| □ The employee is applying for medical retirement.  □ The school board is applying for the employee’s medical retirement. |
| **School details** (employee or school to complete) |
| School name  School number  School address  Principal’s name  Board Chair’s name |
| **Employee’s details** (employee to complete) |
| Name  MoE number  Postal address |
| **Employee’s representative’s details (if applicable)** (employee to complete) |
| Name:  Phone number: |

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| **Terms and conditions of employment** (school to complete) |
| * I confirm that the employee is permanently appointed.   I confirm that the employee is covered by the terms and conditions of the collective agreement selected below, and confirm that the process for medical retirement on the grounds of serious illness has been followed in accordance with the terms and conditions in the collective agreement:  □ Secondary Teachers’ Collective Agreement  □ Area School Teachers’ Collective Agreement  □ Area School Principals’ Collective Agreement  □ Primary Principals’ Collective Agreement |

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| **Medical evidence** (employee or school to complete) |
| Applications must be supported by medical evidence from a medical specialist. Evidence from a general practitioner can be used if it is not possible for the employee to see a medical specialist.  Enclosed is:   * a medical certificate or report from a medical specialist, supporting this application and confirming the reasons why the employee is unlikely to be able to wholly or substantially perform their duties both now and in the foreseeable future.   or   * a medical certificate or report from a general practitioner, supporting the application and explaining why the employee is unable to get a medical specialist examination, and confirming the reasons why the employee is unlikely to be able to wholly or substantially perform their duties both now and in the foreseeable future. |

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| **Employee declaration** (employee or authorised representative to complete) |
| I confirm that the process for applying for medical retirement as outlined in the collective agreement has been followed, that the medical documentation is enclosed and that the information on this form is correct.  Signature  Name  Date |
| **Employer declaration** (school to complete) |
| I confirm that the process for applying for medical retirement as outlined in the collective agreement has been followed, that the medical documentation is enclosed and that the information on this form is correct.  Signature  Name  Position  Date |
| **Send the completed application form and supporting documents to:**  Employment Relations  Education Workforce  Ministry of Education  PO Box 1666  Wellington  We would prefer applications are made by email to: [Employment.Relations@education.govt.nz](mailto:Employment.Relations@education.govt.nz) |