Galway University Hospitals
Ospidéil na h-Ollscoile Gaillimh
UNIVERSITY HOSPITAL GALWAY
MERLIN PARK UNIVERSITY HOSPITAL

Name: ______________________________ Pers. No.: _______________________
Grade: ______________________________ Location: _______________________
Dates: ______________________________ No. of CIP days availed: ___________

Critical Illness Protocol (CIP) process

The following limits apply for payment of CIP:
- 183 days on full pay in a rolling 1 year followed by 182 days on half pay subject to a maximum of 365 days in a rolling 4 year period

Under Critical Illness Protocol - Medical condition has at least one of the following, please tick where appropriate:
☐ Acute life threatening physical illness
☐ Chronic progressive illness, with well established potential to reduce life expectancy
☐ Major physical trauma ordinarily requiring corrective acute operative surgical treatment
☐ In-patient hospital care of 2 wks or greater

Applicant’s Responsibility:
☐ Complete Section 1 of HR113 in respect of each medical cert
☐ Attach relevant medical certificates/Occupational Health reports/correspondence
☐ Sign consent on Occupational Health referral form
☐ Submit ‘Fit to Resume’ medical cert to line manager and request to be restored to the Payroll

Line Managers Responsibility:
☐ Complete Section 2 of HR113 form
☐ Refer employee to Occupational Health Department for assessment under ‘Critical Illness Protocol’
☐ Request General Manager to complete/approve Section 3 of HR113 form with relevant medical certs/OH Reports/ correspondence
☐ Request Group Director of HR to approve Section 4 of HR114
☐ Refusal – Line Manager is to advise applicant of appeal process to Appeals Officer who is the Area Assistant National Director of HR
☐ Approval – HR will inform Employee, Line Manager and Finance Department
☐ Monitor all subsequent applications and follow the above process
☐ Submit ‘Fit to Resume’ medical cert to HR with approval to be restored to Payroll

For HR use only:

Approved By: ______________________________ Approved By: ______________________________
Ms Mary Hynes Mr John Shaughnessy
GUH HR Manager Group Director of HR

Date: ___________________________ Date: ___________________________