**Employer application for approval of Independent Registered Medical Practitioner when completing Local Government Pension Scheme (LGPS) Ill Health Certificates**

**Note – all of this form is to be completed by the Employer**

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| **EMPLOYER DETAILS**  |
| Name of Employer |  |
| Employer address |  |
| HR contact |  |
| Email address |  |
| Telephone number |  |
| **INDEPENDENT REGISTERED MEDICAL PRACTIONER (IRMP) DETAILS** |
| Company Name |  |
| Name of Doctor |  |
| GMC Reference number |  |
| Address |  |
| **Relevant Qualifications of IRMP[[1]](#footnote-1) – please tick from the following** |
| Holds a diploma in occupational health medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA state (competent authority within the meaning given by [section 55(1) of the Medical Act 1983](https://www.legislation.gov.uk/ukpga/1983/54/section/55)) |  |
| An Associate, a Member or a Fellow of the Faculty of Occupational Medicine or an equivalent institution of an EEA state  |  |

We certify the above information is correct and request that the IRMP named above be approved by Surrey Pension Fund.

|  |  |
| --- | --- |
| Signed |  |
| Print name |  |
| Position held |  |
| Dated |  |

Please return this form to the Governance Manager.

Email: Customer Relationship Team Pensions crtpensions@surreycc.gov.uk

Postal Address: Governance Manager, Surrey Pension Team, PO Box 471, Reigate, RH2 2HA.

1. For the purposes of the LGPS an IRMP must hold a qualification from the list above ***and*** be registered with the General Medical Council (GMC) [↑](#footnote-ref-1)