Increase of Speed Limit

4. As respects the length of road specified in the Third Schedule, the rate of speed fixed by Section 23(1) of the Act shall be increased to fifty miles an hour.

Sealed with the Official Seal of the Ministry of Home Affairs for Northern Ireland this 29th day of May 1963 in the presence of

(L.S.) *J. W. E. Cathcart,*
Assistant Secretary.

FIRST SCHEDULE

The Belfast-Bangor Road, Trunk Road No. T.1, Co. Down, from a point approximately 720 yards east of the junction with the Ballyrobert-Crawfordsburn Road, Class II, No. B.20, to a point approximately 336 yards west of the junction with the Craigavad Station Road (West end).

SECOND SCHEDULE

The Belfast-Bangor Road, Trunk Road No. T.1, Co. Down, from a point approximately 166 yards east of the junction with the Holywood-Newtownards (via Craigantlet) Road, Class III, No. C.263, to a point approximately 4,920 yards east of this junction.

THIRD SCHEDULE

The Belfast-Bangor Road, Trunk Road No. T.1, Co. Down, from a point approximately 166 yards east of the junction with the Holywood-Newtownards (via Craigantlet) Road, Class III, No. C.263, to a point approximately 4,920 yards east of this junction.

EXPLANATORY NOTE

(This Note is not part of the Order, but is intended to indicate its general purport.)

This Order has the effect of applying a 50 m.p.h. speed limit to the main Belfast-Bangor Road between Holywood and the commencement of the dual carriageway at Ballyrobert.

1963. No. 123 **[C]**

HEALTH SERVICES

Supplementary Eye Services

REGULATIONS, DATED 25TH JUNE, 1963, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER THE HEALTH SERVICES ACT (NORTHERN IRELAND) 1948.

The Ministry of Health and Local Government, in exercise of the powers

Increase of Speed Limit

4. As respects the length of road specified in the Third Schedule, the rate of speed fixed by Section 23(1) of the Act shall be increased to fifty miles an hour.

Sealed with the Official Seal of the Ministry of Home Affairs for Northern Ireland this 29th day of May 1963 in the presence of

(L.S.) *J. W. E. Cathcart,*
Assistant Secretary.

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1963. No. 123 **[C]**

HEALTH SERVICES

Supplementary Eye Services

REGULATIONS, DATED 25TH JUNE, 1963, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER THE HEALTH SERVICES ACT (NORTHERN IRELAND) 1948.

The Ministry of Health and Local Government, in exercise of the powers

conferred on it by sections 22 and 80 of the Health Services Act (Northern Ireland) 1948(a) and of all other powers enabling it in that behalf, hereby makes the following Regulations:

1. These Regulations may be cited as the Health Services (Supplementary Eye Services) Regulations (Northern Ireland) 1963, and shall come into operation on the 1st August, 1963.

2. The Health Services (Supplementary Eye Services) Regulations (Northern Ireland) 1948(b), as amended(c), shall be further amended as follows—

(1) For the forms contained in Parts IV and V of the First Schedule there shall be substituted respectively the forms set out in Parts I and II of the Schedule hereto.

(2) Part VI of the First Schedule is hereby revoked.

Sealed with the Official Seal of the Ministry of Health and Local Government for Northern Ireland this 25th day of June, nineteen hundred and sixty-three.

(L.S.)

Wm. J. Morgan,
Minister of Health and Local Government.

SCHEDULE

PART I

HEALTH SERVICES ACT (NORTHERN IRELAND) 1948

SUPPLEMENTARY EYE SERVICES
SIGHT TESTING AND SUPPLY OF GLASSES

Notes on the Use of Form E.S.C.2

When Parts I, II and V have been completed, the ophthalmic medical practitioner or ophthalmic optician should then send the form without delay to the Eye Services Committee, c/o Northern Ireland General Health Services Board, 27 Adelaide Street, Belfast, 2.

A medical recommendation (Form E.S.C.1) or an authority given by the Eye Services Committee must be attached if the applicant has *not* previously had his sight tested under the supplementary eye services.

The forms in this pad should not be used for replacements or repairs within two years of the supply of the glasses; forms E.S.C.2A should be used instead. If, after two years, only replacements or repairs are required a note to this effect should be entered by the optician in the "Remarks" panel of Part II.

If the applicant whose sight has been tested does not require glasses, the appropriate panel of Part II should be completed. If it is thought that glasses should not be supplied while the patient is being referred back to his doctor for further examination, that fact should be noted in the "Remarks" panel.

If the Eye Services Committee approve the supply of glasses they will send the form to the applicant—after detaching the lower part—with a note of their

(a) 1948. c. 3. (b) S.R. & O. (N.I.) 1948, No. 166.
(c) The relevant amending instruments are:—S.R. & Os. (N.I.) 1950, No. 146; 1952, No. 20; 1955, No. 156; 1961, Nos. 118, 123.

approval. The applicant may take the form to an ophthalmic or dispensing optician for the supply of the glasses. The optician to whom the form is presented should complete, or have completed, Parts III and IV, and then send it to the Committee.

Part IV: When completing the description of frames in the case of reglazed frames, the optician should insert the approximate date given by the applicant for the original supply of the frames. In the "pricing box", "extras clinically necessary" are items additional to the basic sphere/cylinder prescription specified in the Statement of Fees and Charges which will be paid for by the Eye Services Committee, e.g., a prismatic correction.

In signing his name, an optician employed by a person or firm or company whose name is also on the list of persons providing supplementary eye services should enter his employer's name in the space following the words "on behalf of" in Parts II, IV and V. Other opticians should delete the words in brackets.

FORM E.S.C.2

HEALTH SERVICES ACT (NORTHERN IRELAND) 1948

Supplementary Eye Services

Sight Testing and Supply of Glasses

Part I

To be completed by Ophthalmic Medical Practitioner or Ophthalmic Optician

(in block letters)

Mr. / Mrs. / Miss

(Surname)

(Christian Names)

Health Service No.

Date of Birth — Day / Month / Year

Present Address

Permanent Address (if different from present address)

Approximate date on which sight was last tested

Previous surname if changed since last test

Has the Applicant been supplied with glasses through the Health Services? (Enter Yes or No). .....
If Yes, state name and address of Optician who supplied last pair.....

I have/have not* been residing continuously in Great Britain/N. Ireland during the past six months.

To be completed by or on behalf of the Applicant

My sight has been tested to-day and I undertake to pay the statutory charges in respect of frames and lenses when glasses have been supplied.
(N.B.) A false statement made by the Applicant may lead to legal proceedings.
I certify that the foregoing particulars are true to the best of my knowledge and belief

Applicant's Signature..... Date.....
(or in the case of a child under 16 or an invalid, the signature of a parent, guardian or other person in charge)

Part II

To be completed by the Ophthalmic Medical Practitioner or Ophthalmic Optician

Right						*Left*				
Sph.	Cyl.	Axis	Prism	Base		Sph.	Cyl.	Axis	Prism	Base
					Distance					
					Reading					

(If glasses are not prescribed refractive findings must still be entered; if none enter 'none' or 'plano')

REMARKS

*Distance/Reading/Bifocals/Special Purposes

The Applicant requires glasses as prescribed*
Does not require glasses*

Signature of Ophthalmic Medical Practitioner or Ophthalmic Optician (on his own behalf and on behalf of .....)

Signature..... E.S.C. No.....
Date.....

Name of Ophthalmic Medical Practitioner or Ophthalmic Optician and address at which sight test was carried out (Rubber stamp or block letters).

Part III

To be completed by or on behalf of the Applicant

I have been*
The Applicant has been* supplied with glasses approved above

Applicant's Signature..... Date.....
(or in the case of a child under 16 or an invalid, the signature of a parent, guardian or other person in charge)

Part IV

To be completed by the Optician who supplied the glasses

Name and address of Optician or other person to whom payment should be made (Rubber stamp or block letters)

I have supplied the Applicant with glasses prescribed above and I claim payment from the Board of the net amount shown below. This sum does not include any amount due from the Applicant

Signature of Optician (on his own behalf and on behalf of .....)

Signature..... E.S.C. No.....

Date.....

DESCRIPTION OF GLASSES SUPPLIED

	Health Service Frames		New Private	Reglazed (give date supplied and type)	Lenses	
	Number	Cost to Applicant			Type	Cost to Applicant
Distance						
Reading						
Bifocals						

SCALE OF FEES PAYABLE BY BOARD

	Distance (i)			Reading (ii)			Bifocals (iii)			Total (iv)		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Right Lens												
Left Lens												
Extras Clinically necessary												
Children's Standard and Hospital In-Patients' Frames												
Case												
Dispensing Fee												
Gross Total												
Less Statutory charge for Lenses												
Net amount payable by Board												

**Delete whichever is not applicable*

Passed for Payment.....

PLEASE DO NOT DETACH THIS PART OF THE FORM

Part V

To be completed by the Ophthalmic Medical Practitioner or Ophthalmic Optician

Applicant's Name (Block Letters).....

Name and address of Ophthalmic Medical Practitioner, Ophthalmic Optician or other person to whom payment should be made (Rubber stamp or block letters)

I have tested the Applicant's sight and accordingly claim £ : :

Signature of Ophthalmic Medical Practitioner or Ophthalmic Optician (on his own behalf and on behalf of .....)

Signature..... E.S.C. No.....

Date.....

Part VI
For Official use

Authorised for payment

PART II

HEALTH SERVICES ACT (NORTHERN IRELAND) 1948

SUPPLEMENTARY EYE SERVICES

REPLACEMENT OR REPAIR OF GLASSES

(*a*) within two years of supply; and
(*b*) for school children.

Notes on the Use of Form E.S.C.2A

1. In the case of children using the School Health Service Part I of the form should be completed by the parent, guardian or other person in charge, and Part III should be completed by the medical officer or ophthalmic surgeon or other duly authorised officer of the Health Authority.

The optician should then proceed with the repair in the ordinary way and complete Parts IV, VII and IX. He should also ensure that Part VIII is completed by the parent, guardian or other person in charge.

2. Use this form *only for replacement or repair of glasses within two years of supply or for school children.* Otherwise use form E.S.C.2.

3. Action to be taken where:—

Applicant ADMITS *personal carelessness*	*Applicant does* NOT ADMIT *personal carelessness but* PAYS A DEPOSIT *equal to the appropriate charge*	*Applicant does* NOT ADMIT *personal carelessness and is* NOT WILLING TO PAY A DEPOSIT *equal to the appropriate charge*
(*a*) replacement or repair is undertaken at once at applicant's expense.	(*a*) replacement or repair is undertaken at once, and completed Form referred to Eye Services Committee for decision regarding lack of care.	(*a*) the Form must be referred to the Eye Services Committee for decision before replacement or repair is undertaken.
(*b*) Form E.S.C.2A is completed as follows:— (1) Parts I, II, VI and VIII by applicant. (2) Parts IV, VII and IX by optician.	(*b*) optician issues a receipt on Form E.S.C.6.	(*b*) Form E.S.C.2A is completed as follows:— (1) Parts I and II by applicant. (2) Parts IV and V by optician.
	(*c*) Form E.S.C.2A is completed as follows:— (1) Parts I, II and VIII by applicant. (2) Parts IV, V, VII and IX by optician.	(*c*) optician refers Form to Eye Services Committee.
		(*d*) Eye Services Committee refer Form back to optician with decision. Form E.S.C.2A is further completed as follows:—
		(*e*) WHERE APPLICANT HAS TO PAY (1) Parts VI and VIII by applicant. (2) Parts VII and IX by optician.
		(*f*) WHERE BOARD AGREE TO BEAR THE COST (1) Part VIII by applicant. (2) Parts VII and IX by optician.

FORM E.S.C.2A

HEALTH SERVICES ACT (NORTHERN IRELAND) 1948

Supplementary Eye Services

Replacement or Repair of Glasses

Name (in block letters)	Mr. Mrs. Miss	(Surname)	Health Service No.			
		(Christian Names)	Date of Birth	Day	Month	Year

Part I

To be completed by or on behalf of the Applicant

Present Address	Permanent Address (if different from present address)
Approximate date on which sight was last tested	Previous surname if changed since last sight test
Name and address of Optician who supplied the glasses	Approximate date on which the glasses were supplied

Cause of loss or damage of glasses .....

.....

.....

Signed..... Date.....

Part II

Not to be completed where form has been issued by a School Clinic

The loss or damage $\frac{\text{was*}}{\text{was not*}}$ caused by personal carelessness and I certify that the particulars contained in Part I are true to the best of my knowledge and belief.

Signature of Applicant..... Date.....
(or in the case of a child under 16 or an invalid, the signature of a parent, guardian or other person in charge)

N.B.—A false statement made with fraudulent intent by the Applicant may lead to legal proceedings.

Part III

To be completed by the Medical Officer or Ophthalmic Surgeon or other duly authorised Officer of the Health Authority

To an Optician providing Supplementary Eye Services:

You are authorised to proceed with the *replacement/repair of the glasses (prescription hereunder) of the above named child without seeking the prior approval of the Eye Services Committee and without asking for the payment of a deposit by the parent or guardian, provided you submit this form to the Eye Services Committee with your claim for payment after completion of the work.

Right						Left					
Sph.	Cyl.	Axis	Prism	Base		Sph.	Cyl.	Axis	Prism	Base
					Distance					

Signature.....

On behalf of.....Health Authority

Date.....

Delete whichever is not applicable

Part IV

To be completed by the Optician

Prescription (where appropriate)

Right						*Left*				
Sph.	Cyl.	Axis	Prism	Base		Sph.	Cyl.	Axis	Prism	Base
					Distance					
					Reading					

Nature of Replacement or Repair

Part V

To be completed by the Optician

(a) I submit this form to the Board for a decision*
(b) The Applicant has paid £ : : as a deposit*

Signature of Optician (jointly on his own behalf and on behalf of the person, firm or company named below)

Signature..... Date.....

For official use

Part VI

To be completed by or on behalf of the Applicant

I undertake to pay the Optician £ : :

for glasses of a special type replaced at my request*

for replacements or repairs necessitated by my own carelessness*

Signature of Applicant..... Date.....
(or in the case of a child under 16 or an invalid, the signature of a parent, guardian or other person in charge)

Part VII

To be completed by the Optician

I have supplied the replacements or carried out the repairs described in Part IV above (and claim payment from the Board of £ : : as shown in Part IX* This sum does not include any amount due from the Applicant).

Signature of Optician (jointly on his own behalf and on behalf of the person, firm or company named below).

Signature..... Date.....

Part VIII

To be completed by or on behalf of the Applicant

The replacements have been supplied or the repairs have been carried out as described in Part IV above

Signature of Applicant..... Date.....
(or in the case of a child under 16 or an invalid, the signature of a parent, guardian or other person in charge).

Part IX

To be completed by the Optician

Charge to

	Applicant			N.I.G.H.S.B.		
	£	s.	d.	£	s.	d.
Description of Frames*.....						
Description of Lenses*.....						
Case*.....						
Dispensing Fee or Service Charge						
Totals						

Name and address of Optician to whom payment should be made (Rubber Stamp or block letters)

E.S.C. No.

Part X
For Official use

Passed for payment.....

***Delete if not applicable**

EXPLANATORY NOTE

(This Note is not part of the Regulations but is intended to indicate their general purport.)

These Regulations prescribe revised forms to simplify the operation of the Supplementary Eye Services.

1963. No. 124 **[C]**

LOCAL GOVERNMENT SUPERANNUATION

REGULATIONS*, DATED 26TH JUNE, 1963, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT, UNDER SECTION 2 OF THE LOCAL GOVERNMENT (SUPERANNUATION) ACT (NORTHERN IRELAND) 1950.

The Ministry of Health and Local Government, in exercise of the powers conferred on it by section 2 of the Local Government (Superannuation) Act (Northern Ireland) 1950(**a**), and of all other powers enabling it in that behalf, hereby makes the following regulations in the terms of a draft which has been approved by the Ministry of Finance in accordance with section 7(2) of the afore-mentioned Act:—

Citation and commencement

1. These regulations may be cited as the Local Government Superannuation (Interchange with English Teaching Service) Regulations (Northern Ireland) 1963, and shall come into operation on the 27th June, 1963.

Interpretation

2.—(1) In these regulations, unless the context otherwise requires, the following expressions have the meanings hereby assigned to them:—

"the Act" means the Local Government (Superannuation) Act (Northern Ireland) 1950;

"the Act of 1925" means the Teachers (Superannuation) Act 1925(**b**);

"the Teachers Acts" means the Teachers (Superannuation) Acts 1918 to 1956;

"the Local Government Superannuation Regulations" means the Local Government (Superannuation) Regulations (Northern Ireland) 1962(**c**);

"added years" means in relation to an officer any additional years of service reckonable by him under regulation 26 of the Local Government Superannuation Regulations and includes any additional years of service which, having been granted under any similar provision contained in any other enactment or scheme, have subsequently become reckonable under the Local Government Superannuation Regulations;

"contributing service" and "non-contributing service" mean service which is reckonable as contributing service or non-contributing service for the purposes of superannuation benefits provided under the Local Government Superannuation Regulations;

"employing authority" has the same meaning as in the Local Government Superannuation Regulations;

(**a**) 1950. c. 10. (**b**) 15 & 16 Geo. 5. c. 59. (**c**) S.R. & O. (N.I.) 1962, No. 210.

*A draft of these regulations was approved by resolutions of the Senate and of the House of Commons on the 25th day of June, 1963.