

APPENDIX 1

INJURY ALLOWANCE APPLICATION FORM

This form should only be completed for an injury or disease occurring on or after **31 March 2013**.

Please note that injury allowance will not be payable if the accident or illness was wholly or mainly due to, or seriously aggravated by, your own culpable negligence or misconduct.

Please complete all sections of part 1 and forward to your manager who will complete part 2 and submit to HR Service Manager.

PART 1 – TO BE COMPLETED BY THE APPLICANT

SECTION 1 – PERSONAL DETAILS (to be completed in all cases)

Surname

Forenames (in full)

Title

Dr Mr Mrs Miss Ms

Pay Number

National Insurance number

Contact address

Post code

Date of birth (e.g. 18/07/1954)

Telephone/mobile number

Email address

What is your place of employment in NHS Shetland? (Please provide department and site)

What was your job title at the time of your injury?

Date the injury occurred? (after 31/03/2013)

SECTION 2 – FURTHER INFORMATION

1. Please give details of all your previous employment showing where you have worked, with dates if possible (continue on a separate sheet if necessary).

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2. Please give a description of the incident(s) leading to your injury or illness and the type of injury or illness suffered (continue on a separate sheet if necessary).

3. Are you receiving or applying for a NHS Superannuation Pension due to ill health? Yes No

4. Have you applied or are you in receipt of any DWP benefits as a result of your injury? Yes No

If the answer is “NO” to question 4 but you later claim DWP benefits you must notify the Payroll Dept immediately.

Please read and sign the declaration on page 4, enclosing copies of any DWP awarding letters you have received, where possible.

I have included the following documents with my application (please specify below) Do not send us originals unless you have to, copies are preferred. Please ensure all documents are marked with your payroll number.

SECTION 3 – DAMAGES OR COMPENSATION CLAIMS

SPPA reference - your superannuation number
(if member of the NHS Superannuation Scheme (Scotland))

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Please tick the appropriate box.

1. I am currently pursuing a claim for compensation in connection with my work related injury/disease. I authorise NHS Shetland to approach my legal representative who can be contacted at the address below.

2. Legal Representative Name:
My Reference Number is:
Address

Post code

3. I am not pursuing a compensation claim at this time. I will notify NHS Shetland if I decide to pursue such a claim in the future

I understand that my Injury allowance can be affected by an award of compensation and I may be required to repay some or all of any Injury Allowance paid to me. I will notify NHS Shetland if I have received or receive a damages or compensation payment in respect of the same injury.

Signature Print name

Date / /

SECTION 4 – DECLARATION (please read before signing)

(Without a signed declaration we cannot accept your application)

- I hereby apply for NHS Injury Allowance due to an injury/disease which I consider to be wholly or mainly attributable to the duties of my NHS employment with NHS Shetland.
- I understand that certain DWP benefits paid in relation to my injury are taken into account with NHS injury allowance awards.
- I will notify NHS Shetland if I have claimed or intend to claim any DWP benefits or if my DWP benefits change in amount or cease to be paid.
- I understand responsibility lies with me to keep NHS Shetland informed of any changes in benefits.
- I agree to provide NHS Shetland with copies of any awarding documents for DWP benefits and any subsequent changes to benefit awards (other than those relating to the cost of living increase applied in April of each year).
- I authorise NHS Shetland to obtain medical evidence from OHS connected to my Injury Allowance Claim and/or monetary details of my DWP benefits, and any subsequent changes from the DWP.
- I am willing to undergo a medical examination by OHS if asked to do so.
- I understand that any payments of Injury Allowance are subject to tax and national insurance deductions but not pension contribution deductions.
- I understand that any overpayment of my injury allowance will be recovered and must be repaid by me.
- I declare the details I have given in this form are correct to the best of my knowledge.

Signature

Print name

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PART 2 – TO BE COMPLETED BY LINE MANAGER

This form should only be completed for an injury or condition occurring on or after 31 March 2013.

1. In your opinion was the injury or disease wholly or mainly due to, or seriously aggravated by the claimant's own culpable negligence or misconduct? If the answer is yes, please provide all relevant details. Yes No

2. In order to avoid delay in processing, the following information should, where possible accompany this application form. Tick the boxes to indicate which papers are being enclosed.

Datix Report form

Occupational Health Reports

Job description

Other papers included. Please specify below (for example - witness statements)

3. DETAILS OF SICK LEAVE, PAID OR UNPAID, DURING THE LAST 5 YEARS OF NHS EMPLOYMENT

Period to which entry relates (if applicant is still absent please state "ongoing")		Reason for Absence (Required)
From (start date)	To (return date or ongoing)	

Please sign and date the form and return to the HR Service Manager at the address below.

Signature

Print

Job title

Date

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**Please return to:
HR Service Manager
NHS Shetland Board Headquarters
Upper Montfield,
Burgh Road,
Lerwick
ZE1 0LA**

HR USE ONLY

INJURY ALLOWANCE APPLICATION

Name

Job title

Date

 / /

Panel
Members

Outcome