

Injury Grant Application Form – HR 112

This form is used to apply for a the payment of Injury Grant under Article 49/109 of the Local Government (Superannuation) (Consolidation) Scheme 1998 in respect of an injury sustained while performing official duties. Please complete form in Block Capitals/Tick appropriate boxes

Part 1.

Section 1 Personal Details (To be completed by Employee)

Name	Personnel No												
PPS No													

Grade/Occupation	Service
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Address for HSE correspondence

Tel No:	Mobile No:
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I understand that should my application be successful, that any period for which I am in receipt of an injury grant will not be included as service for pension benefit purposes.

Signature	Date	D	D	M	M	Y	Y	Y	Y
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Section 2 - Accident Details (To be completed by Line Manager)

Date of accident	D	D	M	M	Y	Y	Y	Y	Time of Accident (24 HR Clock)	
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Place where accident happened?

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Details of Accident:

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What was the employee doing at the time of the Accident?

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Nature of Injuries:
(Attach a copy of medical certificate or death certificate in the case of a fatality)

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Was the employee authorised to be at the place of the accident for the purpose of his/her work?

Yes No

Date accident first reported to HSE?

D	D	M	M	Y	Y	Y	Y
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To who was the accident reported?

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Was an investigation of the accident carried out:

Yes No

By whom was the accident investigated (attach copies of Incident Report Form, Occupational Health and other relevant reports, witnesses statements, etc)

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Section 3 – Witnesses Details (To be completed by Line Manager)

Name:

Grade

Address

Tel No:

Mobile No:

Name:

Grade

Address

Tel No:

Mobile No:

Name:

Grade

Address

Tel No:

Mobile No:

Line Manager Name (print)

Job Title

Contact Tel. No:

Signature:

Date

D	D	M	M	Y	Y	Y	Y
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Part 2 To be completed by Senior Manager/General Manager

Under the terms of Article 49/109 of the Local Government (Superannuation) (Consolidation) Scheme 1998

I recommend that the payment of the injury grant is granted in this case

I refuse this application

Comments: (if application is refused, state reason)

Senior Manager Name:

Job Title

Signature

Date

D

D

M

M

Y

Y

Y

Y

Part 3 To be completed by Assistant Director of Human Resource

Under the terms of Article 49/109 of the Local Government (Superannuation) (Consolidation) Scheme 1998 be invoked in this case to provide for the payment of Injury Grant

I recommend this application

I refuse this application

Comments: (if application is refused, state reason)

Name:

Assistant Director of HR

Signature:

Date

D

D

M

M

Y

Y

Y

Y