

## 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

Section 1 Personal Details (To be completed by the employee)     Name   Personnel No   Image: Completed by the employee     PPS No   Image: Completed by the employee   Image: Completed by the employee     Grade/Occupation   Service   Service     Address for HSE correspondence   Service   Image: Completed by the line Manager)     Tel No:   Date   Image: Completed by the Line Manager)     Signature   Date   Image: Completed by the Line Manager)     Date of accident   Image: Completed by the Line Manager)     Place where accident happened?   Image: Completed by the Line Manager)     Details of Accident:   Image: Completed by the Line Manager)     Details of Accident:   Image: Completed by the Line Manager)	Part 1.											
PPS No   Service     Grade/Occupation   Service     Address for HSE correspondence   Mobile No:     Tel No:   Mobile No:     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     Section 2 - Accident Details (To be completed by the Line Manager)     Date of accident   Time of Accident (24 HR Clock)     Place where accident happened?	Section 1 Personal Details (To be completed by the employee)											
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Date of accident Time of Accident (24 HR Clock)   Place where accident happened?	Signature					Date						
Place where accident happened?	Section 2 - Accident Details (To be completed by the Line Manager)											
	Date of accident											
Details of Accident:	Place where accident happened?											
	Details of Accident:											
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What was the employee doing at the time of the Accident?							
Nature of Injuries: (Attach a copy of medical certificate or death certificate in the case of a fatality)							
Was the employee authorised to be at the place of the accident his/her work?	nt for the purpose of Yes 🗌 No 🗌						
Date accident first reported to HSE?							
To who was the accident reported?							
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)							
Section 3 – Witnesses Details (To be comp	leted by Line Manager)						
Name:	Grade						
Address							
Tel No: M	obile No:						
Name:	Grade						
Address							
Tel No: M	pile No:						
Name:	Grade						
Address							
	obile No:						
Line Manager Name (print)	Job Title						
Contact Tel. No:							
Signature:	Date						

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				
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				