

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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| Section 2 - Accident Details (To be completed by the Line Manager) Date of accident Date of accident Place where accident happened? | 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. | | | | | | | | | | | |
| 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) | | | | | |
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| | | | | | |
| Name: | Assistant Director of HR | | | | |
| Signature: | Date | | | | |