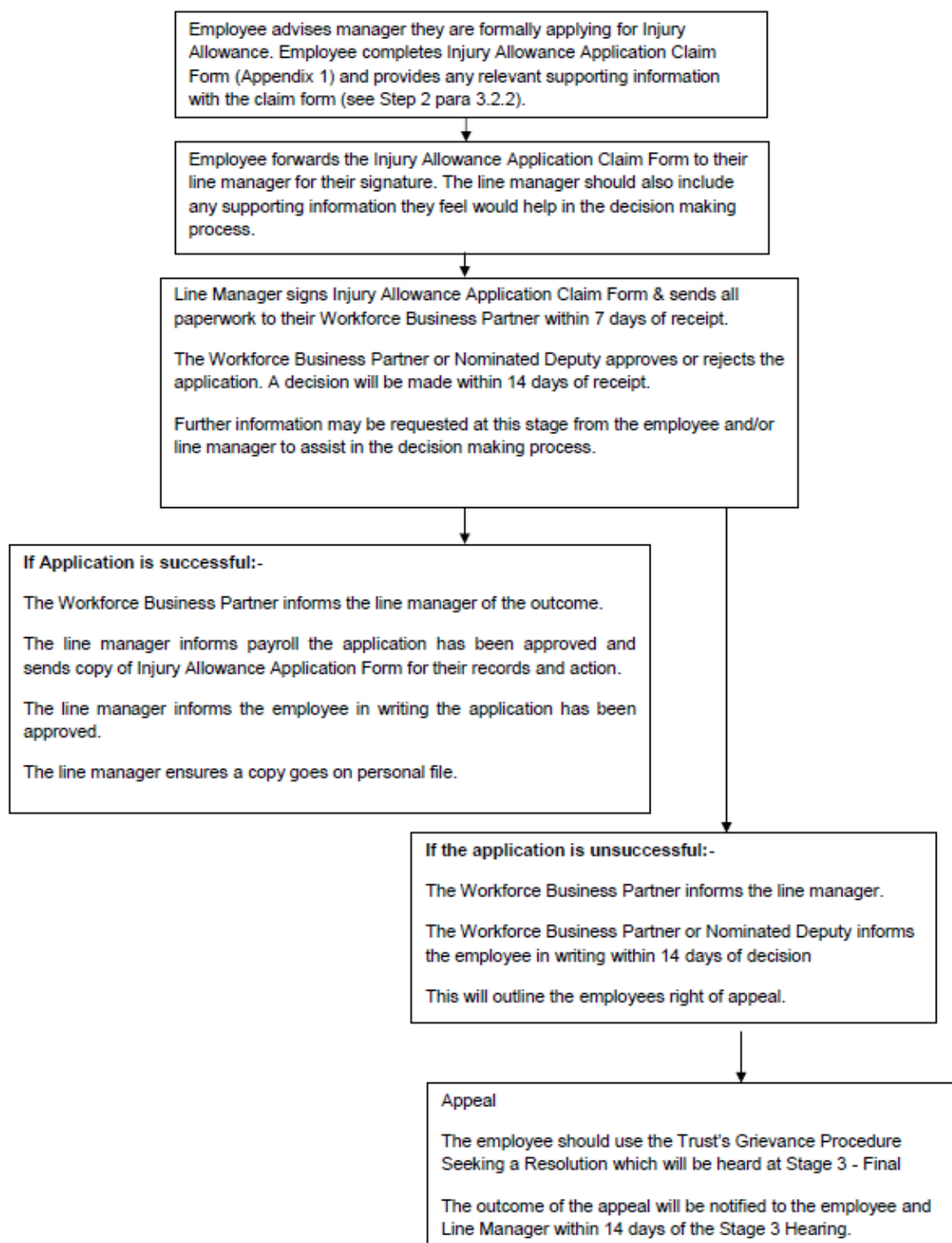


Injury Allowance

Injury Allowance is payable when an employee is on authorised sickness absence or on a phased return to work with reduced pay or no pay due to an injury, disease or other health condition that is wholly or mainly attributable to their NHS employment.

Template application form and full policy can be found on oneHR. [Injury Allowance | oneHR \(bfwh.nhs.uk\)](#)

Injury Allowance Flowchart



INJURY ALLOWANCE APPLICATION CLAIM FORM

NAME	DATE OF BIRTH
ADDRESS	
DIVISION	SERVICE
JOB TITLE	BAND
SUMMARY OF ABSENCE FROM LINE MANAGER & HR ADVISOR INCLUDING DATES	
OCCUPATIONAL HEALTH LETTERS ATTACHED	YES* / NO*
INCIDENT REPORT ATTACHED	YES* / NO*
DETAILS OF SICK PAY ENTITLEMENT	
ANY OTHER RELEVANT INFORMATION <i>Use a separate sheet if required</i>	
<p>Declaration of Employee - <i>I declare that I understand and will abide by the terms of the Injury Allowance Procedure. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and/or civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to the Local Counter Fraud Specialist and/or NHS Protect, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.</i></p> <p>SIGNATURE OF EMPLOYEE.....</p> <p>DATE.....</p> <p>SIGNATURE OF LINE MANAGER.....</p> <p>PRINT NAME</p> <p>DATE.....</p> <p>SIGNATURE OF WORKFORCE BUSINESS PARTNER or NOMINATED DEPUTY.....APPROVED*/REJECTED*</p> <p>PRINT NAME.....</p> <p>DATE</p>	

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