

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. <u>Injury Allowance | oneHR</u> (<u>bfwh.nhs.uk</u>)

Injury Allowance Flowchart

Employee advises manager they are formally applying for Injury Allowance. Employee completes Injury Allowance Application Claim Form (Appendix 1) and provides any relevant supporting information with the claim form (see Step 2 para 3.2.2).

Employee forwards the Injury Allowance Application Claim Form to their line manager for their signature. The line manager should also include any supporting information they feel would help in the decision making process.

Line Manager signs Injury Allowance Application Claim Form & sends all paperwork to their Workforce Business Partner within 7 days of receipt.

The Workforce Business Partner or Nominated Deputy approves or rejects the application. A decision will be made within 14 days of receipt.

Further information may be requested at this stage from the employee and/or line manager to assist in the decision making process.

If Application is successful:-

The Workforce Business Partner informs the line manager of the outcome.

The line manager informs payroll the application has been approved and sends copy of Injury Allowance Application Form for their records and action.

The line manager informs the employee in writing the application has been approved.

The line manager ensures a copy goes on personal file.

If the application is unsuccessful:-

The Workforce Business Partner informs the line manager.

The Workforce Business Partner or Nominated Deputy informs the employee in writing within 14 days of decision

This will outline the employees right of appeal.

Appeal

The employee should use the Trust's Grievance Procedure Seeking a Resolution which will be heard at Stage 3 - Final

The outcome of the appeal will be notified to the employee and Line Manager within 14 days of the Stage 3 Hearing.









INJURY ALLOWANCE APPLICATION CLAIM FORM

DATE OF BIRTH	
SERVICE	
BAND	
SUMMARY OF ABSENCE FROM LINE MANAGER & HR ADVISOR INCLUDING DATES	
ATTACHED YES* / NO*	
YES* / NO*	
DETAILS OF SICK PAY ENTITLEMENT	
ANY OTHER RELEVANT INFORMATION Use a separate sheet if required	
Declaration of Employee - 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.	
IESS PARTNER or NOMINATEDAPPROVED*/REJECTED*	

Caring • Safe • Respectful







