

**Injury Allowance Application Form.**

PART A – TO BE COMPLETED BY EMPLOYEE	
<b>Name</b>	
<b>Payroll number</b>	
<b>Email address</b>	
<b>Telephone number</b>	
<b>Home Address</b>	
<b>Division</b>	
<b>Department</b>	
<b>Job title</b>	
<b>Date of incident/injury</b>	
<b>Details of illness/injury sustained:</b>	
<b>Impact of illness/injury on ability to work and carry out daily activities:</b>	
<p><b>Declaration of Employee:</b> - <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 the NHS Counter Fraud Authority, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.</i></p> <p><b>Employee's Signature:</b></p> <p><b>Date:</b></p>	
Forward form and any supporting evidence to line manager for completion of Part B	

PART B – TO BE COMPLETED BY LINE MANAGER	
<b>Name</b>	
<b>Department</b>	
<b>Email address</b>	
<b>Telephone number</b>	
<b>Date of incident/injury</b>	
<b>Details of sick pay entitlement</b>	
<b>Summary of absence including dates:</b>    	
<b>Was an internal investigation into the injury/illness conducted?</b> <b>YES/NO</b> <i>Please attach copies of reports.</i>	
<b>Has the employee been referred to Occupational Health?</b> <b>YES/NO</b> <i>Please attach copies of reports.</i>	
<b>The incident/injury has been recorded and a copy of the incident report form is attached:</b> <b>YES/NO</b> <i>(if no please provide explanation)</i>	
<b>Has a RIDDOR form been completed?</b> <b>YES/NO</b>	
<b>Any other relevant information:</b>    	
<p><b>Declaration of Line Manager:</b> - <i>I declare that the information provided is true and correct, to the best of my knowledge. I confirm that the applicant is not a family member of a close friend, nor do I do I have any form of significant friendship with the applicant. 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 the NHS Counter Fraud Authority, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.</i></p> <p><b>Line manager's Signature:</b></p> <p><b>Date:</b></p>	
Forward form to Workforce Business Partner for completion of Part C	

PART C – TO BE COMPLETED BY WORKFORCE BUSINESS PARTNER
<p><b>All relevant information has been received and reviewed as part of the application:</b> YES/NO</p>
<p><b>Injury allowance has been authorised for the named employee:</b> YES/NO</p>
<p><b>Basis upon which application has been approved:</b></p>    
<p><b>Rationale for not supporting claim for Injury allowance:</b></p>    <p><b>Workforce Business Partner's Signature:</b></p>    
<p><b>Declaration of Workforce Business Partner:</b> - <i>I declare that the information provided is true and correct, to the best of my knowledge. I confirm that the applicant is not a family member of a close friend, nor do I do I have any form of significant friendship with the applicant. 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 the NHS Counter Fraud Authority, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.</i></p> <p><b>Workforce Business Partner's Signature:</b></p>    <p><b>Date:</b></p>    
Outcome letter should be sent to line manager advising of decision.