**Injury Allowance   
Panel Request Form**



**Applicant Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  | Date of Birth: |  |
|  |  |  |  |
| Sector/Service/  HSCP: |  | Department: |  |
|  |  |  |  |
| Band/Grade: |  | Local Manager: |  |
|  |  |  |  |
| Date to Half Pay: |  | Date to Nil Pay: |  |

**Injury Type** (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| Asthma |  | Musculoskeletal - knees |  |
| Blood Borne Virus |  | Musculoskeletal – lumbar |  |
| Burns, Poisoning, frostbite, hypothermia |  | Musculoskeletal – thoracic |  |
| Cancers |  | Musculoskeletal- upper body, arms and hands |  |
| Cardiovascular - general |  | Neurological |  |
| Infectious diseases – excluding those  transmitted by blood borne virus |  | Skin conditions |  |
| Musculoskeletal - head |  | Stress and anxiety/depression |  |
| Musculoskeletal – shoulders |  | Stress related Chronic Fatigue Syndrome/ME |  |
| Musculoskeletal – back attributable  condition |  | Stress related post traumatic |  |
| Musculoskeletal - cervical |  | Other – Please Specify below |  |
| Musculoskeletal - generalised |  |
| Musculoskeletal – lower body, feet and legs |  |
| Musculoskeletal – lower body, hips |  |

**Manager Signature: ..................................................... Date: ..............................**