**Appendix 9**

**Injury at Work Guidance and Application Form**

We take our commitments to provide a safe workplace very seriously. It’s essential that you follow all health and safety arrangements that are relevant to your area of work. Very occasionally accidents at work happen that may cause injury and mean you need to take a period of sick leave. We will always review what happened and take actions to prevent it happening again. You and your manager must ensure that records of the incident are recorded via the Trust’s Datix incident reporting system at the time of the accident or sustained injury.

The determination of whether the employee’s absence is due to an injury, disease, or other health condition and wholly or mainly attributable to their NHS employment is for the employer, i.e., the Trust, to decide. In these situations, the Trust will follow normal absence management procedures during all periods of absence in accordance with this guidance, unless it becomes clear that you will be unable to return to work and termination of employment needs to be considered on the basis of ill health capability.

The AFC Terms and Conditions of Service (refer to Section 22) make provision for payment of an Injury Allowance which is payable when an employee is on authorised sickness absence or a phased return 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.

If your pay drops below 85% of what you would normally receive, for example through the loss of regular unsocial hours payments or entering half or nil pay because of sickness absence that was a result of your work, you may be entitled to injury allowance.

For staff on pay points 9 and above on Agenda for Change pay band, payment does not include regularly paid supplements i.e. what they would have been paid had they been in work, and instead is calculated on the appropriate pay point only. The only proviso to this is where absence is due to a work-related injury or disease in the actual discharge of their duties and the individual is not in receipt of an Injury Allowance.

**Application for Injury Allowance (IA)**

|  |  |
| --- | --- |
| **Name** |  |
| **Department** |  |
| **Job Title** |  |
| **Pay Band** |  |
| **Half Pay commencement date** |  |
| **Details of injury** |
|  |
| **Incident form completed?** | Yes/No  |
| **Do you believe the injury to be work related?** | Yes/No |
| **If Yes – please explain why you believe the injury is work related**  |
|  |
| **Assessment Panel use only** |  |
| **Assessment Panel – Line manager name** |  |
| **Assessment Panel – Business HR name** |  |
| **Date of assessment** |  |
| **Application approved?** | Yes/No |
| **Reason** |
|  |