

# Cumann Peil Gael na mBan

The Ladies Gaelic Football Association



## INJURY FUND CLAIM FORM

ALL SECTIONS OF THE FORM ARE TO BE COMPLETED TO THE BEST KNOWLEDGE OF THE CLAIMANT.  
THIS FORM SHOULD BE COMPLETED IN BLOCK CAPITALS. THE COMPLETED FORM MUST BE  
FORWARDED TO HEAD OFFICE BY THE COUNTY SECRETARY.

**N.B PERMISSION MUST BE SOUGHT FROM THE INJURY FUND CO-ORDINATOR FOR ALL PRIVATE**

### SECTION A

Name: (As per registration)

Address:


Player registration number

--	--	--	--	--	--	--	--

Registered with: Club

Claim number:

Date of Birth:

D M Y

--	--	--

Telephone Number:

Mobile Number:

Email Address:

County

Are you involved with other sports: (Please Specify)

**Employment Status** (Please tick as appropriate)

Student

Employed

Self Employed

Unemployed

**Private Medical Insurance:** Yes  No

Medical Card No:

**Vhi Insurance:** Yes  No

**Quinn Insurance:** Yes  No

**Aviva Hibernian Insurance:** Yes  No

**Other Insurance:** (Please Specify)

**THE INJURY FUND IS NOT AN INSURANCE SCHEME. PLAYERS WHO HAVE MEDICAL INSURANCE MUST CLAIM FROM THEIR POLICY AND SUBMIT A STATEMENT OF ACCOUNT OF THEIR MEDICAL CLAIM.**

**SECTION B**

Date of Injury:  Time of Injury:  Nature of Injury:

Preliminary Claim Form MUST have been submitted within eight weeks of date of injury or if the claim exceeds €200.00

**Brief Details of how injury occurred:**

Club:

County:

Training: Yes  No

Training: Yes  No

Game: Yes  No

Game: Yes  No

Have you submitted: A Preliminary Claim Form or a previous Injury Fund Claim Form in relation to this injury:  
Yes  No  If yes please state No.

**SECTION C**

To be completed if claiming loss of wages (Please enclose last 4 payslips & doctors certificate)

Employer's Name/Company

Telephone Number

Address

Were you disabled by your injury, unfit to attend work and unable to earn an income?

Dates when absent from work

Amount of Benefit paid to you by Department of Social Welfare?  
(Please enclose letter from the above Department stating amount paid to you)

Were you paid by your Employer while injured?

Had you income from any other source while injured?

(Please Specify)

**TO BE COMPLETED BY EMPLOYER**

Date employment commenced

Gross Weekly Wage

Nett Weekly Wage

Date Missing

Date Returned

I declare that the above was/not paid by me while injured during the dates stated above.

Employer's Registration No.

Employer's Stamp

Signed:

If no stamp available Please include a letter On Company Headed Paper confirming the Above details.

**Loss of Wages Certification - For Self Employed:**

I declare that I am unfit for work as a result of participating in Ladies Gaelic Football and am unable to earn my nett weekly income.

- I attach
- (i) Certificate from my Doctor
  - (ii) Confirmation of loss of nett weekly income from my Accountant (include Chartered Accountants Registration No).

## SECTION D

### Total Expenses being claimed for this injury.

Please complete all sections of table below

	Name	Amount	Office use only
Physio			
G.P			
Consultant			
Mri			
Surgery			
Dentist			
Medical			
Hospital			
Xray			
Wages			
Other			
<b>Total</b>			

**Physiotherapy is required to be carried out by individuals with an appropriate third level qualification, who are members of a regulatory professional body in line with their qualifications and who have appropriate insurance/indemnity.**

**SECTION E - ALL SECTIONS MUST BE COMPLETED**

**TO BE COMPLETED BY THE CLAIMANT:**

I declare that I am a registered member of the Association and give permission to Central Council of Cumann Peil Gael na mBan or their representatives to make any enquires that they deem necessary and that all information contained is correct.

Injured Party's Name:

Injured Party's Signature:

Date:

**TO BE COMPLETED BY INJURED PARTY'S PARENT/GUARDIAN:**

Name of Parent/Guardian of under 18 Player:

Signature of Parent/Guardian of under 18 Player:

Date:

**TO BE COMPLETED BY THE TEAM TRAINER'S SIGNATURE:**

I declare that the above sustained this injury in a team training session/match under my supervision.

Team Trainer's Name:

Team Trainer's Signature:

Date:

**CLUB SECRETARY'S DECLARATION:**

I declare that the above is a registered member of our club and sustained this injury while participating in the activities of Cumann Peil Gael na mBan.

Club Secretary's Name:

Club Secretary's Signature:

Date:

**COUNTY SECRETARY'S DECLARATION:**

I declare that the information supplied by the claimant is correct.

County Secretary's Name:

County Secretary's Signature:

Date:

**To Be Completed By County Secretary:**

Any omissions will result in the form been returned for completion and may cause delays in settlement.

**Check List:**

**Are all original receipts included?**

Yes  No

**Are all Sections of the form completed?**

Yes  No

**Has the form been signed by**

**(i) The Injured Player**

Yes  No

**(ii) Person in charge of team**

Yes  No

**(iii) The Club Secretary**

Yes  No

**(iv) County Secretary**

Yes  No

Cumann Peil Gael na mBan  
INJURY FUND  
Claim Guidelines and Information

Introduction:

- 1.1 The Injury Fund is a response on the part of Cumann Peil Gael na mBan (hereafter called the Association) to show concern for the welfare of those who are involved in Ladies Football and those who have registered with the Association.
- 1.2 There is no legal obligation on the Association to provide such a scheme and under no circumstances should it be interpreted as either Insurance or Indemnity. Risk is an inherent factor in sport, and when players voluntarily take part in games, they accept the risks.
- 1.3 The Injury Fund does not seek to compensate fully for injury but to mitigate against hardship to players and officials. It is intended to be a supplement to other Schemes where applicable.
- 1.4 Injury claims will be monitored on a claim by claim basis and a player who plays while receiving treatment may have her claim disallowed. Private treatment is defined as any treatment that is paid outside of the public health treatment system.

Scope:

- 2.1 The Fund applies to players on a team registered with the Association who incur accidental injury while playing ladies Football, either
  - (a) in the course of an official competitive game or challenge game, or
  - (b) in the course of an official and supervised team training session.
- 2.2 It also applies to Club Officers, Team Mentors, Match Officials i.e. Referees, Umpires and Linespersons, involved in Ladies Football and who have paid the appropriate Registration and Injury Fund Fee.
- 2.3 The Fund covers Adults and Youth members of the Association and also players registered with the Fund through Primary, Post-Primary and Third Level Schools and Colleges.
- 2.4 For the purpose of the Fund, an Adult is a Full Registered member of the Association who is 18 years of age or over on the 1st January of the year. A Youth is a Full Registered member of the Association who is under 18 years on the 1st January of the Year.
- 2.5 The Scheme operates from June 1st each year to May 31st the following year.

Registration:

- 3.1 All players must be registered with the Fund.
- 3.2 Exemptions from this are:
  - (a) Players participating in official schools competitions.
  - (b) Non playing members of the Association whose participation shall be optional.
  - (c) New York and North America.
- 3.3 Clubs and other units of the Association must submit their Registration by 1st June each year. The registration year commences on 1st June each year and terminates on the 31st May of the following year.
- 3.4 Any player or club registering or affiliating to the Association after 1st January in any year shall be included in the fund up to and including 31st May of the following year.
- 3.5 In the case of a player registering with an existing club between 1st January and 31st May of a particular year, she must be included on the registration form for the new registration year.
- 3.6 Refunds of subscriptions will not be considered.

Funding:

- 4.1 The Injury Fund shall be solely funded by subscriptions in respect of teams registered by Clubs, Schools and Colleges, and also by those voluntarily joining the scheme as a non-playing member.
- 4.2 The Subscription to the Fund shall be determined by Central Council of the Association from time to time. Present rates shall be €25 for an adult and €10 for a juvenile and €5 for an under 10's Player.
- 4.3 An Adult player paying €25 will be entitled to be considered for the payment of wages or salary lost together with medical expenses only.
- 4.4 An under-age player paying €10 or €5 will be entitled to be considered for payment of medical expenses only.
- 4.5 The Subscription for non-playing members shall be €25, which will entitle the applicant to be considered for the payment of wages or salary lost together with medical expenses only.

Benefits:

- 5.1 **DENTAL**  
Unrecoverable dental expenses up to a maximum of €3,000.
- 5.2 **MEDICAL**  
Unrecoverable medical expenses up to a maximum of €5,000 payable for any one injury.
  - (i) Physiotherapy is required to be carried out by individuals with an appropriate third level qualification, who are members of a regulatory professional body in line with their qualifications and who have appropriate insurance/indemnity. 90% of Physiotherapy costs may be paid.
  - (ii) Travel Expenses and any medical aids are not covered under the Scheme.

### 5.3 LOSS WAGES

- (i) Applicable to adults and under-age who are in employment and who have paid the €25 Subscription.
- (ii) Unrecoverable loss of basic wages, excluding overtime, bonuses, unsociable working hours etc. are payable for a maximum of 20 weeks. Social Welfare and any other entitlements will be considered as recoverable income and will be deducted from the Basic Wage figure. The maximum benefit payable per week amounts to €200.
- (iii) It is recommended that an underage player in full or part time employment, pay the adult rate, as that would allow the player to claim loss of wages.  
The conditions in part (ii) also apply.

#### Exclusion:

- 6.1 The Scheme shall not apply in the case of a player/official
  - (a) who is injured during a game as a result of an assault wherein the claimant has been the aggressor.
  - (b) Whose injury arises from a pre-existing physical defect or infirmity or from the use of alcohol or drugs.
  - (c) Who may be pregnant, suffering from concussion etc. Should she play, shall do so entirely at her own risk and the Association cannot be held responsible for any consequences that may arise.
- 6.2 In the event of an application made by any member which in the opinion of Central Council is not a bonafide application and which is made for the purpose of obtaining payment to which they are not entitled, the application shall be declared void. Furthermore, Central Council shall be at liberty to suspend both the applicant and the persons who countersigned the application form for an indefinite period, and make an order for repayment of any monies that may have been made in respect of the application.

#### Claims Procedure:

- 7.1 The Injury Fund Co-ordinator shall be responsible for the day-to-day operation of Fund on behalf of Central Council.
- 7.2 All submissions of claims must be made within two months of the date of injury to the Injury Fund Co-ordinator.
- 7.3 Where a claim cannot be made within the two-month period, a preliminary Notification Form should be completed and forwarded to the Injury Fund Co-ordinator.
- 7.4 All forms are available from Clubs, County Boards or the Ladies Football Office and can be downloaded from the official Ladies Football website at [www.ladiesgaelic.ie](http://www.ladiesgaelic.ie).
- 7.5 Claim Forms must be completed and signed by the injured player, team trainer and counter signed by the Club Secretary as a declaration of authenticity. This must then be forwarded to the County Secretary and duly signed as a declaration that (s)he has been officially notified beforehand of the injury.  
The claim documentation must incorporate:
  - (a) Loss of wages claims, Employers Certification stating the amount of loss of basic earnings together with the last four payslips.
  - (b) A copy of the Referee's Report if the injury was sustained in an official match.
  - (c) The official in charge of a team must sign the claim if the injury occurred in an official training session or challenge match.
  - (d) A letter from the appropriate Secretary as to whether permission had been granted for a challenge match if the injury occurred in a challenge match.
  - (e) All original receipts, Photocopies will not be accepted.
  - (f) If the applicant has suffered from a previous injury and received payment from the Injury Fund, the reference number from the claim should be included under Section 9 of the Application Form.
- 7.6 Where treatment is likely to exceed €200, a preliminary claim form must be submitted within 8 weeks of the date of injury to the Injury Fund Co-ordinator
- 7.7 Any request for private treatment must be supported by documentation from a Medical Practitioner to show the reasons why private treatment is necessary. Physiotherapy sessions shall be limited to six sessions. If further sessions are required a full report should be submitted by a registered chartered Physiotherapist or registered Physical Therapist. Further payment will only be considered on receipt of this report.
- 7.8 If a submitted claim is not fully documented, the necessary documents will be requested by the Injury Fund Co-ordinator, or declared void.
- 7.9 All payments will be made directly to the applicant. Under no circumstances will payments be made to Clubs, County Boards or any institution involved in treating the injury.
- 7.10 Where claims are late being received by Central Council and if the delay is due to the Club or County Secretary, the Club or County Board may then be held responsible for the payment of the claim.

### 7.11 GUIDELINES FOR PLAYERS

Report any suspected injury.

When completing the Application Form, please print your name and address clearly under Section 1 so as to avoid confusion and misdirected mail.

Keep (a) copy of everything forwarded re: claims and also (b) any correspondence received when claims are made.

### 7.12 GUIDELINES FOR OFFICIALS

Report injuries in writing to the appropriate County Secretary. Ensure that a plentiful supply of all forms are available.

Establish a register of claims to record when notification was received and when claims were received and forwarded.

Cumann Peil Gael na mBan, Cusack Stand, Croke Park, Dublin 3.

Tel: 01-8363156. Fax: 01-8363111. Email: [info@ladiesgaelic.ie](mailto:info@ladiesgaelic.ie)