



**INJURY BENEFIT SCHEME - CLAIM FORM**

**PART 1 – To be completed by the Player claiming benefit and returned to the Club Secretary**

Name in full \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_

Name and address of Employers \_\_\_\_\_

When and where did the accident occur

Date \_\_\_\_\_ Place \_\_\_\_\_

Opposition \_\_\_\_\_ Competition \_\_\_\_\_

How did the accident occur? \_\_\_\_\_

State nature of injuries (attach your medical certificate to this form) \_\_\_\_\_

Have you been totally disabled by your injuries from attending to any part of your normal duties?

YES / NO. If YES, from what date? \_\_\_\_\_

When does your Doctor anticipate that you will be able to resume any part of your normal duties?

Name of Doctor who first attended you after the accident and his Practice Address:

Date of the examination \_\_\_\_\_

*I hereby declare that all the above statements and particulars are true and complete.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

**PART 2. To be completed by the Club Secretary and RETURNED TO the Benefit Scheme Secretary:**

**Mr. M. PHILLIPS, 56 Wilton Way, Exeter EX1 3UR  
Email: priorygaffa@gmail.com or m.j.phillips@exeter.ac.uk  
Telephone: 01392 204917 – Mobile: 07976 091348**

I \_\_\_\_\_ (Secretary of \_\_\_\_\_ Football Club) do CERTIFY that the above named player sustained injury in the circumstances detailed above whilst playing for this Club.

Signed \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Home telephone number (including STD) \_\_\_\_\_

Mobile telephone number \_\_\_\_\_