



**United Churches Football League of Ireland  
INJURED PLAYER CLAIM FORM**

**NAME IN FULL** \_\_\_\_\_ **CLUB** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**OCCUPATION** \_\_\_\_\_ **DATE OF INJURY** \_\_\_\_\_ **OPPONENTS** \_\_\_\_\_

1. Details of Accident.					
2. Nature of Injury.					
3. Medical Attendant.	<table border="0"> <tr> <td data-bbox="582 996 1300 1052">Name</td> <td data-bbox="1300 996 1540 1052">Phone</td> </tr> <tr> <td colspan="2" data-bbox="582 1052 1540 1120">Address</td> </tr> </table>	Name	Phone	Address	
Name	Phone				
Address					
4. Have you attended to your work since injury					
5. Have you lost any earnings due to injury.					

**A CONFIRMING MEDICAL CERTIFICATE SHOULD ACCOMPANY THIS FORM  
I DECLARE THAT THE INFORMATION ABOVE IS CORRECT AND I UNDERTAKE TO SUPPLY ANY  
FURTHER INFORMATION REQUIRED TO SUPPORT MY CLAIM FOR BENEFIT.**

**DATE** \_\_\_\_\_

**SIGNATURE OF PLAYER** \_\_\_\_\_

**SIGNATURE OF CLUB OFFICIAL** \_\_\_\_\_

**FOR COMMITTEE USE ONLY**

PREVIOUS CLAIMS				
DATE				
DETAILS				
AMOUNT				

PAYMENTS					
DATE	EX-GRATIA	AMOUNT			PASSED BY