

# benefit application – injury

## school child or nsw sport and recreation participant

sch 1 form S1 [rule 4(b)]

Application for injury benefits by a school child or participant in an activity of NSW Sport and Recreation.

**Accurate and complete particulars must be provided as required by this form and the Sporting Injuries Insurance Rule 1997, or the application may be rejected.**

(If the spaces on the form are insufficient, attach additional pages or particulars.)

**Note:** The *Sporting Injuries Insurance Act 1978*, provides a penalty for a false or misleading statements made in, or in connection with, this application.

Full name of injured person

Address

Suburb

State

Postcode

Date of birth

Telephone number

Marital status

Email address

State the name of school or department in which the participant was enrolled/registered when the injury occurred

Provide particulars of the time, date and place of injury and manner in which injury was received (including details of event participated in)

If the incident in which the injury occurred was witnessed by other persons, state the names, phone numbers and addresses of at least one of those persons (attach a statement by a witness as to how the injury occurred – Rule 5(b)(iii) & (c)(iii))

Specify the nature of the injury

State names and addresses of attending or treating doctors (attach the original or a photocopy of each medical certificate or report obtained with respect to the injury – Rule 5(b)(i) & (c)(i))

Full name of school principal or another official of the school, or officer of the Department to which the injured person belonged when the injury occurred (attach a statement from this official outlining all details known to the official of the occurrence that led to the injury, and confirming, from an examination of the organisation's records, that the injured person was an enrolled student (school) or enrolled participant (department) at the time of the incident – Rules 5(b)(ii) & (c)(ii))

Time and date the injury was first reported

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All particulars provided by me in, or in any attachment to this application, are true.

Name of parent or guardian (if applicable)

Signature of applicant or parent/guardian

Date (DD/MM/YYYY)

Please send the completed form to:

NSW Sporting Injuries  
92-100 Donnison Street  
Gosford NSW 2250  
Telephone: **1800 221 960**  
Email: [wiclaims@icare.nsw.gov.au](mailto:wiclaims@icare.nsw.gov.au)