

# APPLICATION FORM ILARS GRANT OF FUNDING INDUSTRIAL DEAFNESS (HEARING LOSS)

## Use of this form

This Application Form is to be used only where a grant of funding is sought for an **industrial deafness** (hearing loss) claim.

To apply for a grant of funding in respect of all other injuries please use the **Application Form for an ILARS Grant of Funding**.

# **How to Submit**

Please complete this form and email it to <a href="mailto:ilarscontact@iro.nsw.gov.au">ilarscontact@iro.nsw.gov.au</a> with supporting documentation.

WORKER DETAILS					
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other				
Given name(s)					
Surname					
Address line 1					
Address line 2					
Suburb		State		Postcode	
Date of Birth					
Interpreter required?	☐ Yes ☐ No	Language			
Other ILARS Grant Numbers (if known)					
APPROVED LAWYER DETAILS					
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other				
Full name					
Law Firm					
Email					
Contact Tel		ILARS N	0		
File reference					

EMPLOYER DETAIL	_S						
Employer name							
Place of Business							
ABN (if known)							
INSURER DETAILS							
Insurer name							
Claim number							
Insurer Type	icare / scher	ne agent	☐ Self ins	surer 🗌 Sp	ecialised Insurer 🗌 Not known 🗌		
INJURY / CLAIM DE	TAILS						
Notification given / claim made		☐ Yes ☐ No Date (if known)					
Deemed date of injury							
Occupation at time of injury							
What is the nature of the claim or dispute		<ul> <li>□ Permanent impairment lump sum compensation □ Hearing aids</li> <li>□ Other</li> </ul>					
Is this a claim for replacement hearing aids?		☐ Yes ☐ No					
					oyment. If the worker is not so of their activities since ceasing		
Employer	Period of employmen	nt	Occupati	on	Type of noise exposure & frequency		
		·					

PRIOR CLAIMS							
Date	of injury	Insurer and claim number, if known	Type of injury	Details of benefits paid (including lump sum payments, percentage of impairment and hearing aids etc.)			
FUN	FUNDING TYPE REQUESTED						
Indu	strial Deafness ( templated.		Practice Guide. Prov	unding Guidelines and the ILARS ride brief details of the work			
Stage 2							
	umentation h documentation	relevant to support you	r application for funding				
Pleas	e limit attachment	ts to essential documen	tation only.				
Refer	to the ILARS Ind	ustrial Deafness (Hea	ring Loss) Claims Pra	ctice Guide for assistance			
Docu	mentation requir	red for this application	1:				
	A copy of a recent audiogram which stipulates the worker's Binaural Hearing Loss (BHL)						
	Where the deemed date of injury is prior to <b>1 January 2002</b> , proof of the worker's employment (e.g. payslip, tax return or a statement from the worker)						
	If possible, a PAYG Summary or payslip identifying the worker's last noisy employer						

## **Consent and Declaration**

### I **certify** to the following:

- 1. I have received instructions from the above-named worker / claimant,
- 2. I have made a written disclosure as to legal costs as required by the *Legal Profession Uniform Law* 2014 and the *Legal Profession Uniform General Rules* 2015, or otherwise have advised my client that an application for a grant of funding will be made on their behalf,
- 3. I am satisfied that my client has understood and given consent for me to seek a grant of funding,
- 4. I have asked my client whether any other Approved Lawyer has been instructed or retained to provide assistance or to seek a grant of funding in relation to their workers compensation matter with respect to the above injury(ies),
- 5. I have advised my client of the purpose of providing information to the IRO and the other requirements set out in section 10 of the *Privacy and Personal Information Protection Act 1998* by reference to the IRO Privacy Statement,
- 6. My client has consented to the release of this information,
- 7. I will retain a record of the legal advice provided to my client,
- 8. The contents of this document are true and correct, and
- 9. I am not aware of any other relevant material in relation to this application for an ILARS Grant of Funding.

Approved Lawyer Signature	Name	Date

Applications can be electronically signed.

Please note that unsigned applications will not be processed.

#### **Privacy Notice**

Personal information and health information (personal information) in this form is collected in accordance with the *Privacy and Personal Information Protection Act 1998 (NSW)* and *Health Records and Information Privacy Act 2002* (NSW).

The personal information will be used to help respond to information requests, answer enquiries and resolve complaints, assess eligibility for legal funding and plan and report on our services.

We respect privacy and are committed to protecting the personal information collected in this form. For more information please see the **IRO Privacy Statement**