

**Non work related injury (that may affect your work capability)**

Employee Support Team Contact Details: 09 430 2090 / 0800 832 383 – PRESS 2  
Email[: est@homesupport.co.nz](mailto:est@homesupport.co.nz)

If you have an injury (head, back, neck, limbs) that may:

* **affect your ability to work for a long period of time;**
* **affect your ability to return to work at your pre-injury status;**
* **when you return to work you are at risk of aggravating the injury or have a reoccurrence,** we require you to complete the following information. You are not required to give personal information of how or where the injury occurred.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | Click here to enter text. | | | **Date Of Injury:** | | Click here to enter a date. | |
| **Expected Return to Work date:** | | | Click here to enter a date. | | | | |
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| **Area of Injury:** | | Click here to enter text. | | | | | |
| **Please supply a brief description of injury and how it may impact on your work:**  Click here to enter text. | | | | | | | |
| **Please Supply a Medical Certificate if Incapacity to**  **Work and/or Restricted Duties is envisaged.** | | | | | Date Supplied: Click here to enter a date. | | |
| **Please complete a Leave Form if required.** | | | | | Date Supplied: Click here to enter a date. | | |
| * As the injury is NON-work related – you may use sick leave or other leave to receive payment for your first week off work – this is not covered by Home Support North. * Please note how you would like to be paid on your leave form. * ACC will then cover 80% of your income for the rest of the time you are off. You need to make this claim with ACC. ACC will request your wages details from the Payroll team. * If you are taking longer to recover than expected – you will need to supply a further medical certificate and notify the Employee Support Team as soon as you are aware you will not be returning to work at the expected return to work date. * A Medical Certificate declaring you are fit to return to work may also be required. | | | | | | | |
| Signature: Click here to enter text. | | | | | | | Date: Click here to enter a date. |
|  | | | | | | | |
| **Office Use only:** (This form does not get loaded into the Incident database) Document Event notes only: Staff Name: Click here to enter text. Date: Click here to enter a date. | | | | | | | |

**ACT 3 – Version 3 – Injury Incident Damage Complaint Form** Reviewed: April 2022