



SUNCROFT GFC



Injury / Physiotherapy Policy

Report -> Pay -> Reclaim

Introduction

The GAA and the LGFA both run separate **mandatory** injury benefit schemes for their members. These **are injury benefit schemes**; they **are not insurance**. The schemes are entirely self-funded benefit cover which is in place only in respect of otherwise unrecoverable expenses. They are not in place to fully compensate but to supplement other covers such as National Health Insurance, Private Health Insurance or other personal income or accident protection. The schemes do not seek to compensate fully for injury but rather they seek to lessen the hardship to players, parents / guardians, and officials.

Risk is an inherent factor in sport, as in life. When members voluntarily take part in club activities, they accept the risks that such participation may bring. **Ultimately the responsibility to ensure that adequate insurance or other cover is in place lies with the individual member (player or coach), commensurate with his or her specific needs.**

Suncroft GFC DOES NOT pay for the treatment of injuries sustained participating GAA or LGFA games or training. Suncroft GFC recommends that all parties participating in GAA and LGFA games have private medical insurance, or other suitable cover, in place.

The benefits under the GAA and LGFA injury benefit schemes are available only to members that are fully registered at the time of the injury, who incur otherwise unrecoverable expenses following accidental bodily injury sustained whilst participating on a team registered with the schemes, either in an official supervised training session or at an official fixture. There is no cover available under the schemes for charity or recreational games organised by clubs or members. Players who participate in such events do so completely at their own risk.

While the club does not have any responsibility whatsoever for any costs arising from an injury the Executive Committee of the club is aware of the financial burden that this can place on players or coaches in the event of them receiving an injury which requires treatment that is not covered by the HSE, personal insurance, or the GAA and / or LGFA injury benefit schemes. While always being mindful of protecting the financial viability of the club and available funds, the club may contribute towards the cost of three physiotherapy treatments, at the rate charged by the physiotherapist or €40 per treatment whichever is the lower. This only applies to players that regularly attend training. The clubs Injury / Physiotherapy report form must be completed and submitted within the seven days of the injury for any payment to be considered.

Subject to available funds, where a valid claim is made to the GAA or LGFA Injury Schemes Suncroft GFC may provide some financial assistance. Any financial assistance provided is only done on the basis that any assistance provided is 100% reimbursed to Suncroft GFC when the Injury Scheme claim is settled.

PLEASE NOTE that only registered players / members are covered.

- The GAA membership year is from the 1st of January to 31st of December each year.
- As of 2023 the LGFA membership year is from 1st April to 31st March each year.

Players must register each year in advance of participating in training and games.



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Responsibility:

It is the responsibility of the individual player / parents / guardians / coach to ensure that they have adequate insurance or other cover is in place commensurate with his or her specific needs.

It is the responsibility of the individual player / parents / guardians / coach to ensure that they are registered with the club.

Suncroft GFC DOES NOT pay for the treatment of injuries sustained participating GAA or LGFA games or training. Suncroft GFC recommends that all parties participating in GAA and LGFA games have private medical insurance, or other suitable cover, in place.

The club has the responsibility to put in place a safe environment for supervised training sessions and official fixtures, but it has no responsibility whatsoever for any injury that a player or coach may suffer while training or playing unless the injury is caused because of the club being remiss in the provision of the physical infrastructure being used (pitch, goal posts, etc.). With regards to access to, and use of, the club's facilities for training and matches the club has Public Liability insurance in place. Any claim against the Public Liability insurance will have to be validated to the satisfaction of the insurance underwriters.

Treatment Supports:

1) HSE:

The HSE provides health and social services to everyone living in Ireland. Their services are delivered to young and old, in hospitals, health facilities and in communities across the country.

2) Claim through personal / schools / or other insurance:

Any costs accrued due to injury should to be claimed through the players or coaches own personal medical insurance, school insurance schemes in the case of some younger members, or any other insurance.

Everyone's insurance policy will have specific strict reporting policies, procedures, and deadlines for claims. Check your policy and make sure any claim is made on time, on the appropriate claims form, and that it has the correct supporting documentation attached.

Only claims that are not reclaimable through the player or coaches own private medical or school insurance may be submitted to the GAA and LGFA injury benefit schemes.

3) Claim through the GAA or LGFA Injury Benefit Scheme's as appropriate:

These injury benefit schemes cover those registered to the schemes for injuries sustained in an official competitive or challenge game or an official and supervised training session. The injury benefit scheme's also cover club officers, team mentors and match officials (referees, umpires and linespersons) if registered to the injury benefit scheme.

The GAA and LGFA will only process claims for costs that are not reclaimable through the player or coaches own private medical, schools, or other insurance.

When an injury occurs, it must be recorded and correctly **reported to the club within seven days of the injury occurring** (use the attached Suncroft GFC – Injury / Physiotherapy Report Form). The club will register the injury with the GAA or LGFA injury benefit scheme as appropriate and get an official **Claim Number**.



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For the GAA & LGFA injury benefit schemes any claim must be submitted within **60 days** of the date of the match/training session where the injury occurred.

As a minimum the following will be required to make a claim:

- a) GAA/LGFA MEDICAL CERTIFICATION FORM COMPLETE
 - The injured party's doctor must complete and stamp the GAA/LGFA form.

- b) GAA/LGFA DECLARATION FORM COMPLETE
 - Form signed by the injured member.
 - Form signed by County Secretary
 - Form accompanied by letter from Club on official club headed paper.
 - Clubs Injury / Physiotherapy Form that was completed and submitted within 7 days.

- c) MEDICAL REPORTS
 - Medical Reports.
 - Receipts confirming payment/s was made.

All documents must be originals and have the official Claim Number.

The GAA & LGFA Injury Schemes have a €100 excess.

The GAA & LGFA Injury Schemes may not cover loss of earnings, check scheme details.

The GAA Injury benefit scheme does not cover any pre surgery physiotherapy.

Subject to the injury been reported within seven days the LGFA injury benefit scheme covers up to six physiotherapy treatments (including treatments to injuries that do not need surgery).

If additional physiotherapy treatments are required a full report must be submitted, by a registered chartered physiotherapist or physical therapist, to the LGFA for consideration, in advance of the treatments.

To qualify for claiming from the GAA or LGFA Injury Benefit Schemes any physiotherapy treatment must be undertaken by an individual with an appropriate third level qualification, who are members of a regulatory professional body in line with their qualifications and who have appropriate insurance/ indemnity.

The club will assist with processing claims to the GAA and LGFA injury benefit schemes however, ultimately the responsibility to ensure that adequate insurance or other cover is in place and that claims are made correctly lies with the individual member commensurate with his or her specific needs.

GAA and LGFA rules (GAA 2.1 (d) / LGFA 41 & 42) require that only members that have paid their membership can be registered as members of the associations or the club (and therefore with the injury benefit schemes). Any payment by the GAA or LGFA injury benefit schemes will only be made if club membership of the party claiming has been fully paid and registered. Members must register each year in advance of commencing training or playing to be covered by the Injury benefit schemes.

The terms of conditions, policies, and procedures of the GAA and LGFA injury benefit schemes do change from time to time. Please ensure that you are aware of the current status of the scheme applicable to you;

- GAA Injury Benefit Scheme: <http://www.gaa.ie/news/gaa-injury-benefit-fund/>
- LGFA Injury Benefit Scheme: <http://ladiesgaelic.ie/resources/injury-fund/>



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4) Suncroft GFC Physiotherapy Treatment Support:

Suncroft GFC may only consider claims for a contribution towards the cost of physiotherapy that are not reclaimable through the player or coaches own private medical, school, or other insurance and that are not reclaimable through the GAA and / or LGFA injury benefit schemes.

All treatment must be paid for upfront by the player / parent / guardian / coach to the physiotherapist. The player / parent / guardian / coach can only apply to the club for a contribution towards treatments that have been paid for.

The process for claiming towards physiotherapy treatments from Suncroft GFC:

- 1) Report the injury within 7 days on, a fully completed and signed, Club Injury / Physiotherapy Form.
- 2) Include a copy of the referee's report if the injury occurred at a game.
- 3) Submit original receipts, that confirm that the treatments have been paid for, within 21 days of the treatment.

No payment will be considered if the injury form was not completed correctly and submitted within 7 days of the injury occurring. Payments by the club are subject to the funds being available from within the club's financial resources. The club reserve the right to update this policy from time to time as appropriate.

Tax relief for medical expenses incurred is available. Get a MED1 form.

If there are any conflicts between this policy document and the GAA or LGFA Injury Benefit Schemes the GAA and LGFA Injury Benefit Schemes takes precedence.



Suncroft GFC – Injury / Physiotherapy Report Form

1. This form must be completed and returned to the Secretary, Treasurer, Chairman or Assistant Treasurer within **7 days** of an injury.
2. Where an injury occurred at an official match this form must have a **referee's report attached**. *Contact the Club secretary who will request the referees report from Kildare GAA/LGFA.*
3. This form must be **signed by the coach or manager** of the team you were with when the injury occurred. In the case of a coach injury the form must be signed by the manager of the team who was present at the time the injury occurred or if in the absence of a team manager by a committee member.
4. All treatment **must be paid for upfront** by the injured party. The **original receipts** must be returned to the Club Treasurer, Secretary or Chairperson, within **21 days** of the treatment.
5. Where not covered by the GAA or LGFA Injury Schemes, the club may reimburse the injured party for up to **3 physiotherapy treatments**, at the rate charged by the physiotherapist or **€40** per treatment whichever is the lower.

Name:	
Membership Number:	
Contact Number:	
Team / Grade:	
Team Manager/Coach:	
Date of Injury:	
Type of Injury:	
Training / Match Details:	
Injury description?	
Has this injury occurred before?	
Detail of any treatment at time of injury:	
Was this injury notified to you and the referee at the time it occurred?	
Is the referees report attached? If not, why?	
Signature of Player:	
Signature of Manager/Coach:	
Date:	

Tax relief is available for medical expenses. Get a MED1 form.



MEDICAL CERTIFICATION – FOR COMPLETION IN ALL CASES BY THE DOCTOR/DENTIS ONLY WHO ATTENDED THE CLAIMANT.

Cost of completion of the Medical Section of this claim form must be borne by the claimant

Web Reference

Patient's Name

Patient's Date of Birth

Address

Please state specific diagnosis

Cause of disability and details of treatment administered / prescribed

Date of diagnosis

Date patient first consulted you for this disability

Date from which unfit for work

Date fit to return to work (if known) If unknown, please give estimate

Has the claimant ever had this or a similar disability/treatment before? Yes No
If Yes, please give date and detail

Please Indicate if this injury is GAA related Yes No

Please indicate if the claimant has suffered an accidental bodily injury Yes No

Doctor's/Dentist's Declaration

I declare that to the best of my knowledge, the above information is accurate and correct and that the disability has been continuous as stated above.

Name (block capitals)

Signature

Telephone Number

Date

Stamp
(if no stamp available a business card or confirmation on the qualified practitioners headed paper must be submitted)

GAA INJURY Benefit Fund

Claimant's Declaration

I declare that to the best of my knowledge, the foregoing statements are true in every respect. I hereby authorise the doctor / dentist / hospital / employer / VHI / Laya Health Care / Irish Life Health / Department of Employment Affairs and Social Protection / Department for Communities to supply any information requested. I understand that any deliberate misstatement will void the claim in its entirety.

I am aware that the information I give on this claim form and any other form issued to me in connection with this claim and to any other information that I give in relation to this claim will be held and assessed by DWF Claims and the GAA.

By ticking this box, I consent for the purposes of the General Data Protection Regulation and the Data Protection Act 2018 to data concerning my health (e.g. nature of injury) to be processed by the GAA and DWF Claims in order to assess this claim.

(Please note, if you do not tick this box, your claim cannot be processed, as the nature of your injury is required).

I give my authorisation that any information pertaining to this claim may be provided, only when necessary to any persons deemed relevant by DWF Claims and /or GAA in assessment of this claim.

Name (block capitals)

Signature

Date

Team Trainer's Declaration

I declare that the above-named claimant was injured as a result of participating in an Official Fixture as recorded in the Referees report.

Yes No

I declare that the above-named claimant was injured as a result of participating in an Official Supervised Training Session \ or an Official Sanctioned Match Challenge Match (delete as applicable)

Yes No

Name (block capitals)

Signature

Date

Passed by Club Secretary \ Designated Injury Fund Administrator

I declare that the above-named claimant is a registered member who

was injured as a result of participating in an Official Fixture as recorded in the Referees report submitted.

Yes No

was injured as a result of participating in an Official Supervised Training Session \ or an Official Sanctioned Challenge Match (delete as applicable), letter submitted from Club Secretary \ Injury Fund Administrator on official club headed paper confirming same

Yes No

Membership number

Name (block capitals)

Signature

Date:

Cumann Peil Gael na mBan

The Ladies Gaelic Football Association



PRELIMINARY CLAIM FORM

All notifications must be received by the LGFA Injury Fund within 8 weeks of the date of injury

ALL TERMS AND CONDITIONS OF THE LGFA INJURY FUND MUST BE ADHERED TO IN ORDER FOR EXPENSES TO BE REIMBURSED. IT IS THE INJURED PARTY'S RESPONSIBILITY TO ENSURE THEY HAVE REVIEWED AND ADHERED TO THE TERMS OF THE LGFA INJURY FUND.

Name of injured party:

Club:

Address:

Player registration number

Telephone Number:

Date of Birth:

Email Address:

Claimants Playing Level at the time of injury

Adult Juvenile

Employment Status *(Please tick as appropriate)*

Student Employed Self Employed Unemployed

Private Medical Insurance: Yes No Medical Card No:

VHI: HSF:

LAYA: Employer Medical Aid Scheme:

Irish life: Schools 24/7 Personal Accident Policy:

Other Insurance: *(Please Specify)*

Date of Injury: Nature of Injury (Example Head/Leg/Chest)

Brief Details of how injury occurred:

Injury occurred at the following:

Club: Training:

County: Official Match:

Signature of Injured Party:

Date:

Signature of Parent/Guardian of Under 18 player:

Date:

Signature of Club Secretary:

Date:

Signature of County Secretary:

Date:

Full TERMS AND CONDITIONS ARE AVAILABLE ONLINE AT LADIESGAELIC.COM/RESOURCES/INJURYFUND AND SHOULD BE REVIEWED BEFORE PROCEEDING WITH ANY TREATMENT YOU WISH TO HAVE REIMBURSED BY THE FUND.

Cumann Peil Gael na mBan

The Ladies Gaelic Football Association



INJURY FUND CLAIM FORM

ALL SECTIONS OF THE FORM ARE TO BE COMPLETED TO THE BEST KNOWLEDGE OF THE CLAIMANT. THIS FORM SHOULD BE COMPLETED IN BLOCK CAPITALS. ALL SIGNATURES MUST BE COMPLETED ON THE LAST PAGE OF THIS CLAIM FORM.

ALL TERMS AND CONDITIONS OF THE LGFA INJURY FUND MUST BE ADHERED TO IN ORDER FOR EXPENSES TO BE REIMBURSED. IT IS THE INJURED PARTY'S RESPONSIBILITY TO ENSURE THEY HAVE REVIEWED AND ADHERED TO THE TERMS OF THE LGFA INJURY FUND.

SECTION A

Claim number:

Name: (As per registration)

D M Y

Date of Birth:

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Eircode

Telephone Number:

Mobile Number:

Player registration number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email Address:

Registered with: Club

County

Are you involved with other sports: (Please Specify)

Employment Status (Please tick as appropriate)

Student

Employed

Self Employed

Unemployed

Private Medical Insurance: Yes No

Medical Card No:

VHI:

HSF:

LAYA:

Employer Medical Aid Scheme:

Irish life:

Schools 24/7 Personal Accident Policy:

Other Insurance: (Please Specify)

THE INJURY FUND IS NOT AN INSURANCE SCHEME. PLAYERS WHO HAVE MEDICAL INSURANCE MUST CLAIM FROM THEIR POLICY AND SUBMIT A STATEMENT OF ACCOUNT OF THEIR MEDICAL CLAIM.

FULL TERMS AND CONDITIONS ARE AVAILABLE ONLINE AT LADIESGAELIC.COM/RESOURCES/INJURYFUND AND SHOULD BE REVIEWED BEFORE PROCEEDING WITH ANY TREATMENT YOU WISH TO HAVE REIMBURSED BY THE FUND.

SECTION B

Date of Injury: Nature of Injury (Example Head/Leg/Chest)

Brief Details of how injury occurred:

Injury occurred at the following:

Club: Training:
County: Official Match:

Have you already opened a claim in relation to this injury? Yes No

SECTION C

To be completed if claiming loss of wages (Please enclose last 4 payslips & doctors certificate signed on your return to being fit to work)

Employer's Name/Company Telephone Number

Address

Were you disabled by your injury, unfit to attend work and unable to earn an income?

Dates when absent from work

Amount of Benefit paid to you by Department of Social Welfare?
(Please enclose letter from the above Department stating amount paid to you)

Were you paid by your Employer while injured?

Had you income from any other source while injured?

(Please Specify)

TO BE COMPLETED BY EMPLOYER Date employment commenced

Gross Weekly Wage	Nett Weekly Wage	Date Missing	Date Returned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I declare that the above was/not paid by me while injured during the dates stated above.

Employer's Registration No.

Employer's Stamp
If no stamp available Please include a letter On Company Headed Paper confirming the Above details.

Signed:

Loss of Wages Certification - For Self Employed:

I declare that I am unfit for work as a result of participating in Ladies Gaelic Football and am unable to earn my nett weekly income.

- I attach
- (i) Certificate from my Doctor
 - (ii) Confirmation of loss of nett weekly income from my Accountant (include Chartered Accountants Registration No).

SECTION D

Total Expenses being claimed for this injury.

Please complete all sections of table below

	Name	Amount
Physical Therapy/ Physiotherapy		
G.P		
Public Hospital Expenses		
Consultant		
Scan: MRI/Xray Etc		
Surgery		
Consultant Anaesthetist		
Hospital		
Loss of Wages		
Dentist		
Other		
Total		

SECTION E : Reimbursement Options

Please confirm if you wish your payment to be issued by:

- A. EFT (Electronic Fund Transfer/Bank Transfer)
 B. Cheque

If EFT is selected, the National Injury Fund Coordinator will contact the email address provided for bank details once the assessment of the documents has taken place.

Full details of the benefits and terms of the LGFA Injury Fund are available online at <https://ladiesgaelic.ie/resources/injury-fund/>.

**All expenses submitted must be in accordance with the terms of the LGFA Injury Fund.
Any expenses not reimbursable will be returned.**

SECTION F - ALL SECTIONS MUST BE COMPLETED

I declare that I am a registered member of the Association and give permission to Central Council of Cumann Peil Gael na mBan or their representatives to make any enquires that they deem necessary and that all information contained is correct.

Injured Party's Name:

Injured Party's Signature:

Date:

IN THE EVENT OF A JUVENILE INJURY, TO BE COMPLETED BY INJURED PARTY'S PARENT/GUARDIAN:

Name of Parent/Guardian of under 18 Player:

Signature of Parent/Guardian of under 18 Player:

Date:

TO BE COMPLETED BY THE TEAM TRAINER'S SIGNATURE:

I declare that the above sustained this injury in a team training session/match under my supervision.

Team Trainer's Name:

Team Trainer's Signature:

Date:

CLUB SECRETARY'S DECLARATION:

I declare that the above is a registered member of our club and sustained this injury while participating in the activities of Cumann Peil Gael na mBan.

Club Secretary's Name:

Club Secretary's Signature:

Date:

COUNTY SECRETARY'S DECLARATION:

I declare that the information supplied by the claimant is correct.

County Secretary's Name:

County Secretary's Signature:

Date:

To Be Completed By County Secretary:

Any omissions will result in the form been returned for completion and may cause delays in settlement.

Check List:

Are all original receipts included?

Yes No

Are all Sections of the form completed?

Yes No

Has the form been signed by

(i) The Injured Player

Yes No

(ii) Person in charge of team

Yes No

(iii) The Club Secretary

Yes No

(iv) County Secretary

Yes No