






D Leaving the Police Force

 This symbol indicates there is a Note for this question.

16 What was your rank on your *last day of service*? 

17 If you indicated in your answer to Q14 that  your exit from the *Police Force* was a non-HOD medical discharge, please describe the medical condition causing your incapacity at that time. 

18 Please provide the following information about any previous applications you have made for PSS benefits (for example, lump sum compensation for an *HOD injury* or if you have had a medical discharge application declined). 

| (a) Benefit applied for | (b) Date of application (approx) | (c) Outcome |
|-------------------------|----------------------------------|-------------|
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 **If there is insufficient space for your answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.**

21 For each *medical condition* that you identified in your answer to Q19, please provide the following information about the **i** *injuries* causing your *medical condition*, to the best of your knowledge.

Medical Condition I

Injury 1

- a) Describe the *injury* (whether or not work related) you believe caused or contributed to your *medical condition*. ➤

- b) Date of *injury* (approx). ➤

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- c) Do you believe the *injury* is HOD? ➤ YES NO
- d) Describe the circumstances in which the *injury* occurred. ➤

- e) Did you notify the *Commissioner*? YES NO ➤ If yes, please indicate how and when (approx) you notified the *Commissioner*.

- f) Indicate any period/s of sick leave taken following the *injury* and the dates (approx). ➤

- g) Did you return to work following the *injury*? YES NO ➤ If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

Injury 2

- a) Describe the *injury* (whether or not work related) you believe caused or contributed to your *medical condition*. ➤

- b) Date of *injury* (approx). ➤

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- c) Do you believe the *injury* is HOD? ➤ YES NO
- d) Describe the circumstances in which the *injury* occurred. ➤

- e) Did you notify the *Commissioner*? YES NO ➤ If yes, please indicate how and when (approx) you notified the *Commissioner*.

- f) Indicate any period/s of sick leave taken following the *injury* and the dates (approx). ➤

- g) Did you return to work following the *injury*? YES NO ➤ If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

Injury 3

- a) Describe the *injury* (whether or not work related) you believe caused or contributed to your *medical condition*. ➤

- b) Date of *injury* (approx). ➤

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- c) Do you believe the *injury* is HOD? ➤ YES NO
- d) Describe the circumstances in which the *injury* occurred. ➤

- e) Did you notify the *Commissioner*? YES NO ➤ If yes, please indicate how and when (approx) you notified the *Commissioner*.

- f) Indicate any period/s of sick leave taken following the *injury* and the dates (approx). ➤

- g) Did you return to work following the *injury*? YES NO ➤ If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

If there is insufficient space for your answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

Medical Condition 2

Injury 1

- a) Describe the *injury* (whether or not work related) you believe caused or contributed to your *medical condition*. ➤
- b) Date of *injury* (approx). ➤

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- c) Do you believe the *injury* is HOD? ➤ YES NO
- d) Describe the circumstances in which the *injury* occurred. ➤
- e) Did you notify the *Commissioner*? YES NO ➤ If yes, please indicate how and when (approx) you notified the *Commissioner*.
- f) Indicate any period/s of sick leave taken following the *injury* and the dates (approx). ➤
- g) Did you return to work following the *injury*? YES NO ➤ If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

Injury 2

- a) Describe the *injury* (whether or not work related) you believe caused or contributed to your *medical condition*. ➤
- b) Date of *injury* (approx). ➤

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- c) Do you believe the *injury* is HOD? ➤ YES NO
- d) Describe the circumstances in which the *injury* occurred. ➤
- e) Did you notify the *Commissioner*? YES NO ➤ If yes, please indicate how and when (approx) you notified the *Commissioner*.
- f) Indicate any period/s of sick leave taken following the *injury* and the dates (approx). ➤
- g) Did you return to work following the *injury*? YES NO ➤ If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

Injury 3

- a) Describe the *injury* (whether or not work related) you believe caused or contributed to your *medical condition*. ➤
- b) Date of *injury* (approx). ➤

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- c) Do you believe the *injury* is HOD? ➤ YES NO
- d) Describe the circumstances in which the *injury* occurred. ➤
- e) Did you notify the *Commissioner*? YES NO ➤ If yes, please indicate how and when (approx) you notified the *Commissioner*.
- f) Indicate any period/s of sick leave taken following the *injury* and the dates (approx). ➤
- g) Did you return to work following the *injury*? YES NO ➤ If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

If there is insufficient space for your answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

Medical Condition 3

Injury 1

- a) Describe the *injury* (whether or not work related) you believe caused or contributed to your *medical condition*. ➤

- b) Date of *injury* (approx). ➤

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- c) Do you believe the *injury* is HOD? ➤ YES NO
- d) Describe the circumstances in which the *injury* occurred. ➤

- e) Did you notify the *Commissioner*? YES NO ➤ If yes, please indicate how and when (approx) you notified the *Commissioner*.

- f) Indicate any period/s of sick leave taken following the *injury* and the dates (approx). ➤

- g) Did you return to work following the *injury*? YES NO ➤ If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

Injury 2

- a) Describe the *injury* (whether or not work related) you believe caused or contributed to your *medical condition*. ➤

- b) Date of *injury* (approx). ➤

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- c) Do you believe the *injury* is HOD? ➤ YES NO
- d) Describe the circumstances in which the *injury* occurred. ➤

- e) Did you notify the *Commissioner*? YES NO ➤ If yes, please indicate how and when (approx) you notified the *Commissioner*.

- f) Indicate any period/s of sick leave taken following the *injury* and the dates (approx). ➤

- g) Did you return to work following the *injury*? YES NO ➤ If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

Injury 3

- a) Describe the *injury* (whether or not work related) you believe caused or contributed to your *medical condition*. ➤

- b) Date of *injury* (approx). ➤

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- c) Do you believe the *injury* is HOD? ➤ YES NO
- d) Describe the circumstances in which the *injury* occurred. ➤

- e) Did you notify the *Commissioner*? YES NO ➤ If yes, please indicate how and when (approx) you notified the *Commissioner*.

- f) Indicate any period/s of sick leave taken following the *injury* and the dates (approx). ➤

- g) Did you return to work following the *injury*? YES NO ➤ If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

If there is insufficient space for your answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

I Authorised Person

i This symbol indicates there is a Note for this question.

i If you are not the applicant but are completing **and signing** this form **on behalf of** the applicant, please provide the following information about you.

Title (Mr, Mrs, Miss, Dr)

Family name

Given Name/s

Date of Birth

Postal Address: Street number and name

Suburb/Town

State

Postcode

Email address

Telephone number (daytime)

Please indicate and attach the relevant authorisation:

A **certified** copy of the power of attorney

A **certified** copy of the guardianship order

Other statement/details of authorisation

J Privacy statement and Declaration

i This symbol indicates there is a Note for this question.

For the purposes of section 10 of the *Privacy and Personal Information Protection Act 1998*, *STC* is required to inform you of the following:

1. When you provide *STC* with the information requested on this form, *STC* is collecting your personal information. That information will be held for us by Pillar Administration. The address of Pillar is:

Pillar Administration
PSS Team
PO Box 1229
Wollongong NSW 2500

2. The supply of the information requested on this form to *STC* is required by law.

3. You have a right to access, and correct, the personal and health information supplied by you. If you wish to access your information, or make changes to that information, please contact Pillar Administration at the address stated above.

4. *STC* has collected the information on this Form for the purpose of determining your entitlement to be paid a benefit under the *Police Regulation (Superannuation) Act 1906*.

In order for us to determine your entitlement, we may need to disclose certain personal and health information to, and collect personal and health information from, third parties including the NSW Police Force, medical practitioners and specialists, rehabilitation providers, vocational and other assessors, investigators and legal officers for that purpose.

5. Where *STC* requests you to provide information in the Application Form, you are required by law to supply the information requested under clause 27 of the *Police Superannuation Regulation*.

Declaration (by applicant or authorised person)

i I, _____, (print name)

- declare that I have read and understood the information relevant to this application as outlined in the Notes relating to this Application Form and the privacy statement as set out in Part J of this Form,
- declare that the information I have provided in this Form is, to the best of my knowledge, true and complete,
- understand that giving false or misleading information is a serious offence,
- consent to *STC* collecting, using and disclosing personal and health information as described in the privacy statement set out in Part J,
- consent to *STC* obtaining any medical reports I have identified in this Application Form or referred to in any other medical reports provided to *STC* by me or any information relating to any claims I have identified in this Application Form,
- authorise any doctor or other person who has treated or examined me/the applicant to give to *STC* any information or medical reports relating to the medical condition or injuries described in this Application Form, and
- authorise any entity to give to *STC* any information or reports relating to any claim I have identified in this Application Form.

Signature

Date

Please return to Page I for the Checklist and how to lodge this Form.