Application Form – Interim Participation

(National Injury Insurance Scheme (Queensland) Act 2016)

The National Injury Insurance Scheme, Queensland (NIISQ) funds treatment, care and support for persons who sustain an eligible serious personal injury as a result of an eligible motor accident in Queensland on or after 1 July 2016.

The injuries covered by the NIISQ are defined in the *National Injury Insurance Scheme (Queensland) Act 2016* and *National Injury Insurance Scheme (Queensland) Regulations 2016*. The injury categories are traumatic brain injuries, permanent spinal cord injuries, multiple or high-level limb amputations, permanent brachial plexus injuries, serious burns and permanent blindness caused by trauma.

Who can complete this form?

This form can be completed by the injured person or another person who is acting for them. This person must be 18 years or older.

Important – If you do not complete all sections of this form this may delay our decision on whether to accept the injured person as a participant in NIISQ.

Where do I send the completed application form?

GPO Box 1391
Brisbane QLD 4001
applications@niis.qld.gov.au

If you have any questions please call us on 1300 607 566 or visit **niis.qld.gov.au**.

1. Injured person

Title | Surname/family name | First name(s)

Former names/if known by other names | Gender | Date of birth (DD/MM/YYYY)

Home phone ( ) | Mobile phone | Email address

Home address

Suburb/town | State | Postcode

Postal address *(if different from home address)*

Suburb/town | State | Postcode

2. Cultural connection

Please help us ensure we are meeting the cultural needs of participants by answering the below.
Does the injured person identify as:

☐ Aboriginal ☐ Torres Strait Islander ☐ South Sea Islander ☐ Prefer not to say

Is an interpreter required

☐ No ☐ Yes ▶ Language *(if applicable)*

Are there any other cultural considerations we should be aware of?

NIISQ

3. Details of person completing this form

Only complete this section if you are making the application on behalf of the injured person.

Title | Surname/family name | First name(s)

Home phone ( ) | Mobile phone | Email address

Home address

Suburb/town | State | Postcode

Is an interpreter required

☐ No ☐ Yes ▶ Language *(if applicable)*

Relationship to injured person (e.g. parent, guardian, close relative, substitute decision maker, other)

Why are you are making the application instead of the injured person?

4. Accident details

Date and time of accident

/ / (DD/MM/YYYY) Time : (HH:MM) ☐ AM ☐ PM

Place of accident – include name of nearest cross road or property number

Suburb/town | State | Postcode

Police accident reference number *(if known)* | Police officer/station *(if known)*

Injured person's role in accident

☐ Driver ☐ Motorcycle rider ☐ Pedestrian ☐ Pillion passenger ☐ Passenger ☐ Cyclist

☐ Other:

Single vehicle involved ☐ No ☐ Yes

a) Please describe the accident and how it occurred – Provide as much detail as possible.

▶

b) Identify all motor vehicles involved in the accident (as far as known to you). If more than 2 vehicles, please provide the additional information on a separate page and attach to this form.

Vehicle 1 (Vehicle 1 is the one considered the "most at fault" vehicle).

Registration number | State | Make (e.g. Ford) | Body type (e.g. Sedan)

Driver/rider *(if known)*

Was the vehicle registered at the time of the accident?
☐ No ☐ Yes ☐ Unknown

Vehicle 2

Registration number | State | Make (e.g. Ford) | Body type (e.g. Sedan)

Driver/rider *(if known)*

5. Other claims

Did the accident happen in the course of employment? ☐ No ☐ Yes

Has a Workers' Compensation claim been submitted?
☐ No ☐ Yes ▶ If yes
Insurer name | Claim Ref. No.

Has a Compulsory Third Party claim for personal injury been submitted?
☐ No ☐ Yes ▶ If yes
Insurer name | Claim Ref. No.
Date made (DD/MM/YYYY) | Status of claim

Does the injured person intend to make a Compulsory Third Party claim for personal injury?
☐ No ☐ Yes ▶ If yes
Insurer name

Has the injured person been awarded damages for the personal injury?
☐ No ☐ Yes ▶ If yes
Date (DD/MM/YYYY)

6. Injury details

Please indicate the nature of the NIISQ eligible injury

☐ Brain injury ☐ Spinal cord injury ☐ Amputation/s ☐ Brachial plexus ☐ Burns ☐ Blindness

Detail other injuries that occurred in the same accident

7. Medical information

Did the injured person need an ambulance?

☐ Yes ☐ No

Did the injured person go to hospital or multiple hospitals after the accident?

Hospital name

Date admitted / / DD/MM/YYYY

Date discharged / / DD/MM/YYYY

Hospital address

Hospital name

Date admitted / / DD/MM/YYYY

Date discharged / / DD/MM/YYYY

Hospital address

Hospital name

Date admitted / / DD/MM/YYYY

Date discharged / / DD/MM/YYYY

Hospital address

Other medical treatment as applicable

Provider name

Date of treatment / / DD/MM/YYYY

Medical provider address

Details of treatment

Does the injured person have any pre-existing medical conditions, disabilities or injuries (suffered before or after the motor accident) that are not related to the motor vehicle accident subject to this application?

☐ Yes ☐ No

Please outline details of these medical conditions, disabilities or injuries and the names of any practitioners that have provided treatment in relation to this (Include support received through NDIS)

8. Declaration and Authority to Exchange Information

By submitting this application to the National Injury Insurance Agency, Queensland (us, we, our) you authorise us to exchange information about the injured person for the purpose of performing our functions under the *National Injury Insurance Scheme (Queensland) Act 2016* (NIISQ Act) with an entity prescribed by the *National Injury Insurance Scheme Queensland Regulation 2016* (NIISQ Regulation) including, deciding eligibility to participate in National Injury Insurance Scheme, Queensland (NIISQ) as an interim or lifetime participant, reviewing participation or assessing treatment, care and support needs of the injured person.

These entities include:

- the Motor Accident Insurance Commission;
- the Nominal Defendant under the *Motor Accident Insurance Act 1994 (Qld)*;
- an entity that is the same as or similar to the Nominal Defendant under a law of the Commonwealth or another State;
- an insurer carrying on the business of providing workers' compensation insurance, personal accident or illness insurance, or insurance against loss of income through disability;
- an entity that is the same as or similar to us under a law of the Commonwealth or another State;
- a department, agency or instrumentality of the Commonwealth, the State or another State;
- the agency under the *National Disability Insurance Scheme Act 2013 (Cwlth)*;
- a hospital, including a private hospital;
- an ambulance or other emergency service;
- a doctor;
- a person who is appropriately qualified to assess the treatment, care or support needs of a person;
- a provider of treatment, care or support services, including, for example, attendant care and support services;
- an employer or previous employer of an injured person;
- an educational institution

(Permitted Entities).

We are collecting your personal information in order to perform our functions under the NIISQ Act. We collect, use, disclose and store your personal information in accordance with the *Information Privacy Act 2009 (Qld),* the NIISQ Act and NIISQ Regulation. It is our usual practice to disclose your personal information to the Permitted Entities. Your personal information will not be released unless the disclosure is permitted or required by law. Further information on how we handle your personal information can be found in our privacy policy or by contacting our Privacy Officer on 1300 607 566 or NIISQ-Privacy@niis.qld.gov.au.

By signing this form, you declare that, to the best of your knowledge, the information given in this application form is true and correct in every respect and you understand that the information provided in this application and obtained from the Permitted Entities will be used to assess the injured person's eligibility for the NIISQ. You also confirm that you have obtained consent from the persons mentioned on this form to exchange their personal information with us and for us to exchange that information with the Permitted Entities to perform our functions under the NIISQ Act.

You acknowledge that under NIISQ Act a person can be fined or imprisoned for up to 18 months for defrauding, attempting to defraud, deliberately misleading or attempting to deliberately mislead or conspiring to do so, and for knowingly providing false or misleading information.

Injured person

Injured person's surname/family name

Injured person's given name(s)

Signature of injured person

Date

/ /

DD/MM/YYYY

If you are submitting this application on behalf of the injured person, by signing below, you also authorise us to exchange information about you with the Permitted Entities to perform our functions under the NIISQ Act.

Surname/family name

First name(s)

Relationship to the injured person

Why are you are making the application instead of the injured person?

Signature

Date

/ /

DD/MM/YYYY

Medical Certificate

This certificate is to be completed by an appropriately qualified medical specialist. If the injured person is under 3 years the certificate **must** be completed by a paediatric rehabilitation specialist or a paediatric neurologist.

FIM/WeeFIM scores utilised must have been completed by an assessor credentialed by the Australian Rehabilitation Outcomes Centre (AROC) **and** approved by the NIISQ Agency.

Injured person's information

Title

Surname/family name

First name(s)

Date of birth / / DD/MM/YYYY

Date of accident / / DD/MM/YYYY

Does the injured person have impaired decision-making capability caused by the accident? ☐ Yes ☐ No

Was the injury described below caused by the motor accident? ☐ Yes ☐ No

Please complete all the applicable injury categories and relevant boxes

A. Traumatic Brain Injury – A traumatic brain injury resulting in a permanent impairment of cognitive, physical or psychosocial function evidenced by:

1. Complete ALL of this section

FIM/WeeFIM Score _____ on / / DD/MM/YYYY (not required for child under 3 years)

There should be within the last 2 months, as a result of the brain injury, at least one motor or cognitive item assessed as 5 or less if over 8 years and 2 points or more below the age norm if aged 3-8 years.

2. Complete only the section that corresponds with the age of the injured person

Adult or child over 8 years old – You must complete at least one of the below

☐ PTA lasting 7 days or more using approved Westmead PTA scale (please attach assessment scoring sheets)

Number of days in PTA

☐ The person was in a coma for 1 hour or more as a result of the injury (other than an induced coma)

☐ Brain imaging shows a significant brain abnormality as a result of the injury (please attach a copy of the imaging report)

Detail why the abnormality is significant

A child 3-8 years – You must complete at least one of the below

☐ A Glasgow Coma score of less than 9 on resuscitation or admission to an accident or emergency department of a hospital

☐ Brain imaging shows a significant brain abnormality as a result of the injury (please attach a copy of the imaging report)

Detail why the abnormality is significant

For a child under 3 years

☐ They have a brain injury likely to cause significant adverse impact on the child's normal development

B. Spinal Cord Injury – A permanent spinal cord injury resulting in a permanent neurological deficit evidenced by:

1. Complete both parts of this section if the injured person is an Adult or child over 8 years old

☐ Neurological level (SCI) ASIA impairment scale ISNCSCI (please supply ASIA score sheet)

Score _____ on / / _____

DD/MM/YYYY

☐ Is there demonstrated autonomic dysfunction (as evidenced by a score of 0 for an item relating to bladder, bowel or sexual function under the ISAFSCI)?

☐ Yes ☐ No

Please attach a copy of the ISAFSCI Score sheet

2. Complete this section only if the injured person is under 8 years old – tick all applicable below

☐ The injury has resulted in an ongoing bladder or bowel dysfunction

☐ The injury has resulted in a permanent neurological deficit.

C. Amputations

☐ **1. Forequarter amputation or shoulder disarticulation amputation** ☐ Left ☐ Right

☐ **2. Amputation of a leg through or above the femur with a loss of 65% or more of the length of the femur** ☐ Left ☐ Right
(please provide X-ray comparison pre and post femur amputation (imaging report) or assessment to compare to contralateral femur).

☐ **3. Amputation of more than one limb, or parts of different limbs**

(1) Amputation involving the loss of 50% or more of the length of each of the person's tibias (lower limb) or both of the person's upper limbs are amputated at or above the first metacarpophalangeal joint of the thumb and index finger of the same hand or the amputations involve:

- the loss of 50% or more of the length of 1 of the person's tibias; and
- 1 of the person's upper limbs being amputated at or above the first metacarpophalangeal joint of the thumb and index finger of the same hand.

For **subsection 3(1) above**, the percentage of the length of the tibia lost must be worked out by—

(a) comparing the length of the tibia before and after the amputation using X-rays taken before and after the amputation; or

(b) if X-rays of the tibia are not available — comparing the length of the tibia of the amputated leg with the length of the contralateral tibia; or

(c) if the length of the contralateral tibia can not be determined—using the estimated knee height based on overall height before the amputation.

D. Permanent Brachial Plexus Injury

☐ A permanent injury to the brachial plexus resulting in an impairment equivalent to a shoulder disarticulation amputation ☐ Left ☐ Right

E. Burns

1. Complete ALL of this section

FIM/WeeFIM Score _____ on ___/___/___ (not required for child under 3 years)
DD/MM/YYYY

There should be within the last 2 months, as a result of the burns injury, at least one motor or cognitive item assessed as 5 or less if over 8 years and 2 points or more below the age norm if aged 3-8 years.

Tick all that are relevant

☐ Inhalation burns resulting in permanent respiratory impairment.

☐ Full thickness burns to

- ☐ more than 30% of the total body surface area (less than 16 years)
- ☐ more than 40% of the total body surface area (over 16 years)
- ☐ both hands
- ☐ face
- ☐ genital area

2. Complete this section only if the injured person is a child under 3 years

☐ They are, as a result of the burns injury, likely to suffer permanent impairment requiring attendant care and support services.

F. Permanent Blindness Caused by Trauma

A visual defect or a combination of visual defects that result in visual loss that is or is equivalent to:

☐ Visual acuity of less than 6/60 in both eyes, assessed using the Snellen Scale after correction by suitable lenses

☐ The constriction of the person's field of vision to 10 degrees or less of the arc around central fixation in the person's better eye, regardless of corrected visual acuity (equivalent to 1/100 white test object)

Medical practitioner's information

Medical practitioner's name

Professional qualification

Telephone number

( )

Hospital/facility/practice name

Email address

Hospital/facility/practice address

Suburb/town | State ___ | Postcode

I declare that I am a medical specialist experienced in the injury type described above.

I confirm that:

- I have examined the injured person;
- I have obtained and considered their medical history when carrying out the above assessment; and
- It is my medical opinion that the above injuries including the score given (where applicable) were caused by the motor accident.

Signature	Date / / DD/MM/YYYY

Comments:

Have you attached:

- ☐ Score sheets (FIM/WeeFIM, ASIC ISNCSCI, ISAFSCI, PTA)
- ☐ Imaging
- ☐ X-ray comparison (Required for Amputations only)
- ☐ Imaging reports
- ☐ Medical reports
- ☐ Medical records