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.

This form collects sensitive and personal information to allow NIISQ to perform our functions in accordance with the NIISQ Act. The information will be managed in accordance with the *Information Privacy Act 2009*. Please read the detailed privacy notice at the end of this form for more information.

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	First name(s)	Middle name(s)	Surname/family name

Gender	Date of birth	Former names/if known by other names
	/ / 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?

3. Details of person completing this form

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

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

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. Authority to exchange information, Privacy statement, and Declaration

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

Sensitive information: This form collects sensitive information about you, such as your health details or ethnicity. By submitting this form, you consent to NIISQ collecting and handling this information.

Privacy statement: 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 *National Injury Insurance Scheme (Queensland) Act 2016* (NIISQ Act) and the *National Injury Insurance Scheme (Queensland) Regulation 2016* (NIISQ Regulation). If we cannot collect this information, we may not be able to assist you. It is our usual practice to disclose your personal information to the Permitted Entities prescribed in s14 NIISQ Regulation and mandated by s19(3) of the NIISQ Act. Your personal information will not otherwise 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 including how to access or update your information. You can also contact our Privacy Officer on 1300 607 566 or privacy@niis.qld.gov.au

Declaration: 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

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

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.

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

Relationship to the injured person

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

Signature

Date

/ /

DD/MM/YYYY

