



For assistance in completing this **Application form** please refer to the **Guide to Completion of Grant Application form**.

How to Submit

Please complete this form and email it to ilarscontact@iro.nsw.gov.au with supporting documentation.

WORKER DETAILS				
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other			
Given name(s)				
Surname				
Address line 1				
Address line 2				
Suburb		State		Postcode
Date of Birth				
Occupation at time of injury				
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language		
Other ILARS Grant Numbers (if known)				
If the worker is deceased or there is a claim for death benefits				
Worker's date of death				
Details of deceased's representative/dependant(s)				
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other			
Given name(s)				
Surname				
Address line 1				
Address line 2				
Suburb		State		Postcode

APPROVED LAWYER DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other
--------------	---

Full name	
------------------	--

Law Firm	
-----------------	--

Email	
--------------	--

Contact Tel		ILARS No	
--------------------	--	-----------------	--

File reference	
-----------------------	--

EMPLOYER DETAILS

Employer name	
----------------------	--

Place of Business	
--------------------------	--

ABN (if known)	
-----------------------	--

INSURER DETAILS

Insurer name	
---------------------	--

Claim number	
---------------------	--

Insurer Type	icare / scheme agent <input type="checkbox"/> Self insurer <input type="checkbox"/> Specialised Insurer <input type="checkbox"/> Not known <input type="checkbox"/>
---------------------	---

INJURY DETAILS

Notification given / claim made	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Date of injury	
-----------------------	--

Body part/ location(s) of injury	
---	--

How did injury occur	
-----------------------------	--

INITIAL FUNDING TYPE REQUESTED

Select Stage and provide brief details of the work contemplated

Stage 1 <input type="checkbox"/>	
---	--

Stage 2 <input type="checkbox"/>

Stage 3 <input type="checkbox"/>

Documentation

Attach documentation relevant to support your application for funding.

Please limit attachments to essential documentation only.

Refer to the **ILARS Funding Guidelines** and the **Guide to completion of the ILARS Grant Application Form** for assistance

Consent and Declaration

I **certify** to the following:

1. I have received instructions from the above-named worker / claimant,
2. I have made a written disclosure as to legal costs as required by the *Legal Profession Uniform Law 2014 and the Legal Profession Uniform General Rules 2015*, or otherwise have advised my client that an application for a grant of funding will be made on their behalf,
3. I am satisfied that my client has understood and given consent for me to seek a grant of funding,
4. I have asked my client whether any other Approved Lawyer has been instructed or retained to provide assistance or to seek a grant of funding in relation to their workers compensation matter with respect to the above injury(ies),
5. I have advised my client of the purpose of providing information to the IRO and the other requirements set out in section 10 of the *Privacy and Personal Information Protection Act 1998* by reference to the IRO Privacy Statement,
6. My client has consented to the release of this information,
7. I will retain a record of the legal advice provided to my client,
8. The contents of this document are true and correct, and
9. I am not aware of any other relevant material in relation to this application for an ILARS Grant of Funding.

Approved Lawyer Signature

Name

Date

Applications can be electronically signed.

*Please note that unsigned applications **will not** be processed.*

Privacy Notice

Personal information and health information (personal information) in this form is collected in accordance with the *Privacy and Personal Information Protection Act 1998 (NSW)* and *Health Records and Information Privacy Act 2002 (NSW)*.

The personal information will be used to help respond to information requests, answer enquiries and resolve complaints, assess eligibility for legal funding and plan and report on our services.

We respect privacy and are committed to protecting the personal information collected in this form. For more information please see the **IRO Privacy Statement**.