

# 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:

## **IMPORTANT NOTIFICATION**

The following Information is being provided to you as outlined in the General Data Protection Regulation. It is intended to inform you of how the Personal Data provided on this form will be used, by whom and for what purposes. If you are unclear on any aspect of this form, or want any further information, please contact the GAA's Data Protection Officer (01 8658600 or [dataprotection@gaa.ie](mailto:dataprotection@gaa.ie)).

### **Who is the data controller?**

The GAA and DWF Claims are the joint Data Controllers of the Personal Data contained on this form.

### **What is the purpose of processing my Personal Data?**

The purpose for processing your Personal Data is to assess your GAA Injury Benefit Fund Claim. This processing is carried out on the basis of your consent.

### **Will anyone else receive a copy of my Personal Data?**

Your Personal Data will also be accessed by the GAA's Injury Fund Administrators, DWF based at 5 George's Dock, IFSC, Dublin 1.

### **Where is your Personal Data stored?**

Your data will be stored electronically on the GAA's secure Injury Benefit Fund System which is provided by DWF Claims

### **Who are DWF Claims?**

DWF Claims are the GAA's claims assessors and Injury Fund Administrators.

### **How long will your Personal Data be stored for?**

Your Personal Data will be held for 7 years.

### **How can I obtain a copy of my Personal Data?**

You have the right to request a copy of all of your Personal Data and can do so by contacting us. This information will be provided to you within one month.

### **What are my privacy rights relating to my Personal Data?**

You have the right to have your Personal Data updated, rectified, or deleted in certain circumstances. You have the right to object to your Personal Data being processed and to withdraw your consent to processing - You can do so by contacting us.

### **Where can I get further information?**

Further information regarding your rights can be obtained through the **Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28** or on the website [www.dataprotection.ie](http://www.dataprotection.ie)

### **How do I make a complaint or report a breach?**

Should you wish to make a **complaint or report a breach** under in relation to your Personal Data, you can do so by filling in a webform on their website at [www.dataprotection.ie](http://www.dataprotection.ie), or by phone at 057 868 4800.