Full Name:

(Please print surname in CAPITAL LETTERS)

Address: Postcode:

Date of Birth:

Phone: Mobile:

Email:

Specific skills and/or interests you may wish to share with others:

**IN CASE OF EMERGENCY**

Contact Person:

Address: Postcode:

Phone: Mobile:

Email:

Approved: Date:

 Manager/Coordinator Date

**ENTITLEMENT TO WORKER’S COMPENSATION AS PER THE ACCIDENT COMPENSATION ACT 1985**

You are requested to disclose all pre-existing injuries and diseases of which you are aware and that you

expect may be affected by the nature of the employment.

Please note that Section 82(8) of the Accident Compensation Act 1985 (as amended) will apply if you fail

to disclose the information requested or if you make a false or misleading disclosure.

According to Section 82(8), any recurrence, aggravation, acceleration, exacerbation or deterioration of

any pre-existing injury or disease arising out of or in the course of or due to the nature of employment / volunteerism with Kyeema Support Services Inc. does not entitle you to compensation under the Accident Compensation Act 1985 (as amended).

I, acknowledge receipt of this document.

Dated the day of 20

□Return to HR Officer