



GAA PAST PLAYER MEDICAL OR SURGICAL INTERVENTION FUND

Application Form

The Past Player Medical & Surgical Intervention Fund

*The Fund was set up to assist former senior inter-county players who may require medical or surgical intervention arising from their involvement with their relevant County team. **For the purposes of the fund, a former senior inter-county player is defined as anyone who has represented their county in the Senior Hurling or Football Championships.***

Applications to the Benevolent Fund should be made through the Gaelic Player's Association and will be forwarded within 7 days, with any relevant observations from the GPA, to the GAA Benevolent Fund Secretary for the consideration of the Trustees (see Appendix I application form). The Trustees' decision on the case will be communicated to the GPA and the player directly after receipt of the Application.

- *Awards from the Benevolent Fund will be made directly from the GAA's resources and the Benevolent Fund will operate independently from the various Insurance Funds and Injury Schemes currently in place.*
- *An award from the Benevolent Fund will not be regarded as compensation for any specific circumstance or injury.*
- *The amount awarded in each case is at the absolute discretion of the Trustees and will not be open to subsequent appeal.*
- *No correspondence will be entered into with any third party other than the nominating person or body.*
- *The individual awards and the workings of the Trustees will be absolutely confidential.*
- *Awards will only be paid directly to the beneficiary or to a third party nominated by the beneficiary.*
- *The GAA has agreed that a total fund to the amount of €200,000 will be available for disbursement in relation to such cases each year.*
- *Awards will be made on the basis of medical costs actually incurred – or medical costs expected to be incurred – due to the need for surgical intervention or other medical support required for an injury linked to, or arising from, a player's involvement with his County team.*

All information contain herein is private and confidential and your application will be referred to in all correspondence by a Case ID which will be issued to you on receipt of application. Please ensure you complete all relevant sections of the form and sign declaration. Unsigned forms will be deemed incomplete.

Data Protection Statement

The Gaelic Players Association fully respects your right to privacy, and will not collect any personal information about you without your clear permission. We will require your contact details and other personal information in order to process your application to the Benevolent Fund. In the course of your application, we may need to share your information with our trusted, third-party service partners. We will notify you of this beforehand, and will only disclose the minimum amount of data required for delivering those benefits and services.

GAA PAST PLAYER MEDICAL OR SURGICAL INTERVENTION FUND

Any personal information on members which is provided to the GPA, its staff or service providers will be treated with the highest standards of security and confidentiality, strictly in accordance with the Irish Data Protection Acts, 1988 & 2003. We will keep your personal data only for as long as necessary in order to provide these benefits and services, and consistent with your membership of the organisation.

Personal Information

GPA OFFICE USE	
CASE ID:	
Name	
Surname	
Address for correspondence	
Contact number	
Mobile phone	
County Team & Code	
Contact email address	
Date of Birth (DD/MM/YYYY)	

GAA PAST PLAYER MEDICAL OR SURGICAL INTERVENTION FUND

SECTION ONE

All fields are mandatory

Please complete the following if applicable

Occupation	
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Number of dependents	
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Current Status

Please detail your current circumstances and reasons for applying for the past player medical or surgical intervention fund. Please note all information entered is confidential. Please be as comprehensive as possible and state the details of how your injury has occurred through intercounty playing activity. **A medical assessment also needs to be attached to this form outlining the requirement for intervention or support.**

GAA PAST PLAYER MEDICAL OR SURGICAL INTERVENTION FUND

Financial Support Information

Please detail any other appropriate areas of financial assistance that have been exhausted (e.g GAA Player Injury Scheme, Health insurance, Public Liability Insurance, any relevant legal proceedings etc.)

Please detail any other financial support you have received

GAA PAST PLAYER MEDICAL OR SURGICAL INTERVENTION FUND

Medical Expenses:	
Loss of Earnings:	
Total Cost of Injury :	

Insurance Information

Are you covered by one of the following health plans

VHI	
AVIVA	
LAYA	
OTHER	

If self employed, do you have critical illness cover?

YES	
NO	

GAA PAST PLAYER MEDICAL OR SURGICAL INTERVENTION FUND

Have you submitted a claim to the following:

Answer Yes or No

Private Health Insurance	
GAA Injury Scheme	
County Board	
Club	

If your claim is injury related and you have answered no above, what are your reasons for not applying ?

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If so, please detail amount received

Type	Medical Expenses	Loss of Wages/Other
Private Health Insurance		
GAA Injury Scheme		
County Board		
Club		
Other, please specify		
Total		
Amount still outstanding		

GAA PAST PLAYER MEDICAL OR SURGICAL INTERVENTION FUND

PLEASE ENSURE YOU SIGN DECLARATION ON BELOW OTHERWISE

APPLICATION IS NOT VALID

DECLARATION

To the best of my knowledge and belief I declare that the particulars given in this form are true and accurate of my current circumstances and I agree to inform the GPA and the GAA Past Player Medical or Surgical Intervention Fund of any material changes in my circumstances.

I consent to the GPA and the GAA Past Player Medical or Surgical Intervention Fund processing and storing any information given in this application for file purposes only.

X Signed [applicant] _____ Date _____

Please sign and return all applications to :

Private and Confidential

Past Player Medical & Surgical Intervention Fund Committee,

Gaelic Players Association,

Unit 27, Northwood House, Northwood Business Campus, Santry, Dublin 9

Or Scan and return by e-mail to eamonn@gaelicplayers.com