Zurich Rehabilitation Team (ZRT)

Rehabilitation Referral Form

> (!) Please provide a full answer to every question. To help us process your referral, please provide a typed response rather than a handwritten one. This, along with a fully completed form, will help minimise the need to come back to you for additional details.

Employee Injury Notification Form

To be used in any case of an injury at work involving an employee that has resulted/is expected to result in absence from work or impact on their ability to carry out their normal duties. (NB: This does not supersede the notification of injury/accident requirements under Health & Safety reporting which should still be followed).

Explicit written consent for ZRT involvement will be obtained following an initial triage call with the injured party, by ZRT. Please advise your employee that they will be asked to sign a consent form by Zurich's Rehabilitation Case Manager.

Employee confirmation

The employee must be aware of, understand the reasons for and have agreed to the referral into ZRT.

The employee is aware of the referral (without an awareness of the referral it is impossible for us to engage with the employee).   Yes   No

1. Please provide personal contact details, not work contact details.
2. If you need more space to answer any of the questions, please use a separate sheet and attach it to this form.
3. Please return the completed form to **gbz.zrt@uk.zurich.com**.

Should you have any queries, please do not hesitate to contact the ZRT on **0800 028 8261**.

Please confirm your Policy Number _____

Referrer details

Company		Date	D D M M Y Y Y Y

Name _____

Address _____

Postcode _____

Telephone	Email

Does your company have an occupational health provision   Yes   No

If Yes, is this internal or external: _____

Nominated contact

The individual who will be contacted by the Zurich Rehabilitation Team with updates and progress information.

Name	Department

Telephone	Email

Injured party/employee details

Please provide personal contact details, not work contact details.

Name

Date of birth ▢ D ▢ D ▢ M ▢ M ▢ Y ▢ Y ▢ Y ▢ Y

Pre-injury employment

Home address

Postcode

Language and interpreter required ▢ Yes ▢ No   If Yes, please state what language

Contracted hours

Telephone   Email

Preferred contact time (please note that the Zurich Rehabilitation Team office hours are 9am to 5pm, Monday to Friday)

Details of the accident/event

Date of accident ▢ D ▢ D ▢ M ▢ M ▢ Y ▢ Y ▢ Y ▢ Y   Time

Brief description of the incident.
(Please attach a copy of the accident report or Riddor).

Brief details of injury/illness/condition and make us aware of any accessibility or learning difficulties that the employee may have.

Employee's first date of absence ▢ D ▢ D ▢ M ▢ M ▢ Y ▢ Y ▢ Y ▢ Y

Expected duration of absence (if known)

Data protection statement

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed via **www.zurich.co.uk/dataprotection**

How you can contact us

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via **gbz.general.data.protection@uk.zurich.com** or alternatively contact our Data Protection Officer at Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Declaration

By submitting this completed form I declare that all answers are true and correct to the best of my knowledge and belief.

Signature

Date | D | D | M | M | Y | Y | Y | Y

Making it Personal... Clear... Effortless... and Collaborative. That's our promise to you, our Claims Commitment.

ZCC128.06 (NP722804006) (02/26) ZUR