



### Injury at Work – Reporting Template (Appendix C)

As per Standard Operating Procedure within the Directorates for Education, this form is to be submitted by the Head of School/College/Section/Department by email to: [dgss.mede@gov.mt](mailto:dgss.mede@gov.mt) AND [injuryboard.mede@gov.mt](mailto:injuryboard.mede@gov.mt) upon notification of an injury on duty. **This form should be submitted immediately upon notification of any injury at work.**

Please note that this form does not replace the obligatory NI 30 form, to be submitted to the Social Security Department (and a copy sent to [injuryboard.mede@gov.mt](mailto:injuryboard.mede@gov.mt)).

Name of School/Section	
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Name of Injured Officer	
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ID Card No. of Injured Officer	
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Grade of Injured Officer	
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Date and time of accident	
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Site where accident took place	
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Details of the activity that officer was carrying out at the time of the accident	
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Name of witness 1	
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Name of witness 2	
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**Brief description of the accident, including injuries sustained (any additional information not provided in the section above).**

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Name and grade of officer completing this form	
Date when this form is completed and submitted to DG S&S: <a href="mailto:dgss.mede@gov.mt">dgss.mede@gov.mt</a> and <a href="mailto:injuryboard.mede@gov.mt">injuryboard.mede@gov.mt</a>	

*Disclaimer: Personal Information provided in this form is protected and will only be used in accordance with the provisions of the Data Protection Act.*