



Application for Compensation for Return to Work on Reduced Hours Form Live Organ Donor

Please note: This is a fillable form, If you wish to fill it out on your computer you will need to download the form to your computer and save it before starting to fill it out.

Donor details

Family name(s)

Given name(s)

Have your contact details changed since your application for compensation (address, email, phone numbers)?
If so, please enter your new details below:

New New Zealand residential address (If relevant)

New phone number (If relevant)

New mobile number (If relevant)

New email (If relevant)

Are you applying for compensation retrospectively for your return to work on reduced hours?

Yes

No

Date of your donor surgery

Usual Hours

Usual weekly hours*

* Please use your weekly hours from your employment agreement, or if this does not apply, please advise your average weekly hours in the 12 weeks before you applied for compensation. Please attach copies of supporting documentation.

Return to work details

Date of return to work on reduced hours

Date of return to work on usual hours

Average reduced weekly hours worked

If the period of return to work on reduced hours is covered by an additional medical certificate that the Ministry of Health does not have, please attach a copy to this application.

PTO

Declaration

I, the person who is a previous or current qualifying donor, understands that this information is being collected in order to correctly compensate me for lost earnings by returning to work on reduced hours during my recuperation from donor surgery. For this reason, I consent to any necessary information being shared between the Ministry of Health and:

- the Ministry of Social Development and/or the Inland Revenue Department, in order to calculate the correct amount of compensation I should be paid
- relevant clinical agencies, to help the Ministry of Health make payments at the correct time and for the correct period of time
- my employer (if any), to help the Ministry of Health make payments at the correct time and for the correct period of time.

I understand that:

- this information is being collected in order to correctly compensate me for lost earnings during my recuperation from donor surgery
- the information is being collected by the Ministry of Health, under the authority of the Compensation for Live Organ Donors Act 2016 and the Organ Donation and Related Matters Act 2019
- this information will be held by the Ministry of Health but may also be shared with the Ministry of Social Development and/or Inland Revenue Department and/or relevant clinical agencies, with my consent in this application
- my application for loss of earnings will be declined if I fail to provide the information requested by the Ministry of Health
- under the Privacy Act 1993, I have the right to request access to all information the Ministry of Health holds about me and to request corrections to that information
- I am responsible for contacting Inland Revenue Department to discuss my child support obligations
- I understand that the Ministry of Health will not be offering payroll giving donations.

I, _____ confirm that:

- I will lose or have lost earnings because I reduced my hours of work during the 12 weeks following my surgery as specified in this application
- the average reduced weekly hours and average usual weekly hours specified in this application are true and correct.

Signature of donor or their representative

Date

This form can be completed in full by the potential organ donor with support from the donor liaison coordinator, transplant coordinator or social worker

For help completing the form, phone: **0800 855 066**

Once you have completed the form and have all your supporting documents please either:

Email everything to: claimsmanagement@health.govt.nz (email is preferred)

Mail everything to: Live Organ Donor Compensation
Sector Operations
Ministry of Health
PO Box 1026
Wellington 6140
New Zealand