

MINISTRY OF EMPLOYMENT & LABOUR RELATIONS

**LABOUR DEPARTMENT**

**WORKMEN’S COMPENSATION**

|  |
| --- |
| PREPARED BY EMPLOYMENT INFORMATION BRANCH (EIB) |

**OFFICE USE ONLY**

Year Current Quarter 

Region: 

01=Ashanti

02=Brong Ahafo

03=Eastern

04=Central

05=Greater Accra

06=Northern

07=Upper East

08=Upper West

09=Volta

10=Western

Metropolitan/District: ..................................................................................................

**PART ‘A’:** *Note: This information is to be provided by the Employer*

**ORGANISATION’S INFORMATION**

Name of organisation: .................................................................................................................

**Type of organisation**: 1=Government 2= Private formal 3=Private informal

**Industrial classification of business**:

1 = Agriculture, Hunting, Forestry and Fishing

2 = Mining and Quarrying

3 = Manufacturing

4 = Electricity, Gas and Water

5 = Construction

6 = Wholesale and Retail Trade, Restaurants and Hotels

7 = Transport, Storage and Communication

8 = Finance, Insurance, Real Estate and Business Services

9 = Community, Social and Personal Services

**Address**: ......................................................................................................................................

**Telephone** (main line): ...............................................................................................................

**Email**: ..........................................................................................................................................

**INJURY INFORMATION**

**Date of Accident** (dd mm yyyy):

**Time** (24hrs) of accident (hh.mm): :

**Causes/circumstances accident**: ……………………………………………………………

 …………………………………………………………………………………………………

**Place of accident**: ……………………………………………………………………………

**Category of injury**: 1=Fatal 2=Non-Fatal

**Which part of body did injury occur** (multiple response)? *Note: this could be internal/external injury.* **(circle those that apply)**

1=Head/Neck

2=Chest to waist (excluding arms)

3=Left arm

 4=Right arm

5=Left leg

6=Right leg

**INJURED PERSON’S INFORMATION**

**Name** of injured person: .............................................................................................................

**Sex**: 1=Male 2=Female

**Date of birth** (dd.mm. yyyy): Age:

**Nationality:** Ghanaian [ ] Non-Ghanaian [ ] Specify: ………………………………

**I am a** 1=Left-handed person 2=Right-handed person

**Educational qualification**:

1=Second degree

2=First degree

3=HND

4=Diploma

5=Certificate

6=SHS

7=JHS

8=University Diploma/Certificate

9=None

10=Others.....................................................

**Skill/trade area**: ...................................................................................................................

**Occupation** at the time of Accident: ....................................................................................

**Number of months worked**:

**Number of days injured person out of work**:

**Earnings for twelve months or lesser period of employment preceding the accident**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Month & Year** | **Wage/Salary****[GH¢]** | **Value of food, fuel or quarters [GH¢]** | **Total Amount****[GH¢]** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| **Grand Total**  |  |  |  |

.................................................... .....................................................

 Signature of Injured Person Signature of Employer

Date: .........../............/..................... Date: .........../............/.....................

**PART ‘B’:** *Note: This information is to be provided by the Medical Officer*

Name of hospital: ………………………………………………………………………………

Name of medical officer: ……………………………………………………………………….

Nature of injury: ………………………………………………………………………………..

…………………………………………………………………………………………………..

Percent of permanent incapacity: ……………

Percent of temporal incapacity: ………………

Percent of disfigurement: …………………….

Percent of functional loss of genital organ: …………

....................................................

 Signature of Medical Officer

Date: .........../............/.....................

Amount (GHc) computed: …………………………………

Final amount (GHc) paid: ……………………………………

Date finalised: .........../............/.....................