



EMPLOYER INJURY CLAIM REPORT

Please indicate in which State you want to lodge this claim:

New South Wales
 Queensland
 Victoria

1 EMPLOYER'S DETAILS

Legal name

Trading name

Employer's scheme registration number

eg. WorkCover Employer, Policy, or Employer Registration Number

Employer's reference number *(Your reference)*

** This question is required for NSW claims*

** Policy period of insurance*

/ / to / /

Street address

Suburb

State

Postcode

Postal address

Australian Business Number

ACN/ARBN

Division

Cost Centre

What is the main business activity at the incident site?

Name, position, and daytime contact number of employer contact

Name and daytime contact number of the return to work coordinator (if any)

Address for correspondence relating to this claim

Postal address

State

Postcode

Employer contact e-mail address

If you need an interpreter, what language do you speak?

When did you receive the worker's completed claim form?

 / /

When did you receive the worker's first medical certificate?

 / /

2 WORKER'S DETAILS

Family name

Given names

Street address

Suburb

Postcode

Daytime contact phone number/s

M W H

Date of birth

Gender

/ /
 Male
 Female

3 WORKER'S EMPLOYMENT DETAILS

Street address of the worker's usual workplace

Suburb

State

Postcode

This question is required for NSW claims

How many workers are employed at this workplace?

This question is required for Victorian claims

Workplace number for worker's usual workplace

If the incident did NOT happen at one of your workplaces, please give the name of the employer responsible for the workplace

Employer's name

What is the worker's usual occupation?

What are the main tasks performed by the worker in their usual occupation?

Which of the following apply to the worker?

(Please tick all relevant boxes)

- | | | | |
|------------------------------------|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Casual | <input type="checkbox"/> Student |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Trainee | <input type="checkbox"/> Apprentice | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary | <input type="checkbox"/> Agency worker | <input type="checkbox"/> Contractor |
| | | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Jockey |

Other?

When did this worker start working for you?

 / /

** These questions are required for NSW and QLD claims*

Is the worker employed under any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Federal award | <input type="checkbox"/> Registered industrial agreement |
| <input type="checkbox"/> State award | <input type="checkbox"/> No agreement or award |
| <input type="checkbox"/> WCA Jobcover Program | <input type="checkbox"/> Registered enterprise agreement |

* What is the title of the award or agreement?

What is the worker's minimum weekly wage?

As specified by the award or agreement

\$

4 WORKER'S RETURN TO WORK DETAILS

If the worker has returned to work, please provide the date

 / /

What duties are they doing?

Full

Suitable/Modified

How many hours do they work each week? hrs

How many days have been lost? days hrs

Have you provided the worker with a return to work plan, taking into account the injury/condition?

Please attach a copy of the return to work plan or agreement, or please explain why you have not provided a plan.

If the worker has not returned to work, do you know of any issues that would delay or prevent a return to work?

5 CLAIM CONFIRMATION DETAILS

Do you agree that the details provided in sections 2 & 4 of the Worker's Injury Claim Form are correct? Yes No

Do you accept that your worker has an injury/condition which is work-related and occurred while in your employment? Yes No

Note: If you agree the injury is work-related, and believe that the details provided in sections 2 & 4 of the Worker's Injury Claim Form are correct, you do not need to complete the remainder of this form except for section 9, which MUST be completed. Otherwise, please complete any relevant questions in sections 6, 7 and 8 of this Report.

6 WORKER'S EARNING DETAILS

Please complete this section if you wish to claim for weekly payments

How many standard hours did the worker work each week before being injured? Exclude overtime hrs

What were the worker's usual working hours?

For example, Monday to Friday, 8.30 am to 5.30 pm

What was the worker's usual gross hourly rate? \$
Exclude overtime & shift allowances

What was the worker's usual gross weekly earnings? Exclude overtime & shift allowances \$

Please provide details of any overtime or shift work

Average weekly overtime hrs \$

Weekly shift allowance \$

Please provide payroll records covering the 12 months prior to injury

7 INCIDENT DETAILS

What is the worker's injury/condition, and which parts of the body are affected?

What happened and how was the worker injured?

What is the street address where the incident occurred?

Suburb

State

What date and time did the injury occur?

 / / AM
 PM

What date and time did the worker first cease work?

 / / AM
 PM

Which of the following incident circumstances apply?

- While working at the usual workplace
 While working away from the usual workplace
 During a meal-break or authorised recess at work
 While away from work during a recess
 Travelling to or from work*
 A motor vehicle accident while working*

* For NSW incidents a journey claim form must also be completed

If the injury was the result of driving or using a motor vehicle or the use of public transport, please provide the registration number/s of any vehicles involved

 State

Has the worker had a similar injury/condition or personal injury claim before that relates to this injury/condition?

Please give details, including claim numbers

When did the worker report the injury to you?

 / /

Who was the injury reported to?

What are the names and daytime contact details of any witnesses?

Do you believe that the injury/condition was caused or contributed to by the worker, or a third party such as a manufacturer or supplier? Please give details if relevant

8 ADDITIONAL INFORMATION

Do you want to provide any additional information that may assist in the determination of liability or the management of this claim? eg. Do you dispute liability, and, if so, why?

9 EMPLOYER'S DECLARATION

I have read the information provided in this form. I declare that the information I have supplied in this form, and any attachment to this form, is true and correct and that no information has been suppressed or omitted from this report to the best of my knowledge. I understand that the making of a false or misleading statement concerning a claim is punishable by law and that I may be prosecuted.

Signature of employer's representative Date

 / /

Name

Position

INFORMATION FOR EMPLOYERS AND RETURN TO WORK COORDINATORS

RETURNING YOUR INJURED WORKERS BACK TO WORK

- If your worker has any capacity for work, a return to work plan must be developed.
- The return to work plan should be regularly reviewed and updated as your injured worker's condition changes – as a guide, the plan should be reviewed at least monthly in consultation with your injured worker and their nominated treating doctor.
- If you need assistance with return to work and identifying suitable employment, contact your WorkCover Agent immediately. Steps to facilitate the return to work will include discussing return to work options with the workers nominated treating doctor and may include assistance from an occupational rehabilitation provider, modifying the worker's duties or hours, providing special equipment.
- The return to work plan should be signed by all parties to indicate their agreement and copies provided to them.

FURTHER INFORMATION

- Return to work plans and general information can be downloaded from www.workcover.nsw.gov.au (Particularly under Publications/WorkersComp/InjuryManagement)
- Contact your Agent for further advice regarding return to work planning and preparation.

RTW PUBLICATIONS, FORMS AND INFORMATION SHEETS AVAILABLE ON THE WEBSITE

- *Employers Guide: What to do if an Injury Occurs*
- *Guidelines for Employers Return to Work Programs*
- *Workers Compensation Injury Management Fact Sheets*
- *Suitable Duties: Information for Employers and Injured Workers*
- *Guidelines for claiming workers compensation benefits*
- *Your recovery and return to work after a work place injury*