



Claimant Name

Date of Injury

Claim no.

WORKERS COMPENSATION ACT 1987

EMPLOYER INJURY CLAIM FORM

If your injury employer is a licensed self-insurer, where you read "WorkCover" and "Agent" also read "self-insurer" and "approved agent of a self-insurer".
If your injury employer has a policy with a licensed specialised insurer, where you read "WorkCover" and "Agent" also read "specialised insurer" and "approved agent of a specialised insurer".

For help completing this form or for more information contact:

- Your WorkCover Agent
The WorkCover Information Centre on: 13 10 50

As the employer you need to:

- Notify your Agent within 48 hours of an injury, or in the case of serious incidents, notify WorkCover and your insurer immediately.
Complete a claim form if your Agent has requested you provide one by answering all indicated questions.
Sign the employer's declaration on page 3 of this form.
Attach a copy of the WorkCover Certificate of Capacity (if the worker's doctor has provided one) to this form.
Keep a copy of all documents including a copy of this form for your records.
Send this completed form, the completed Worker's Injury Claim Form and any WorkCover Certificate of Capacity to your Agent within 7 days after receiving them from your worker - or you may be financially penalised.
Make notification within 5 days after you become aware of the injury, otherwise an excess will apply.
Continue to pay the worker weekly payments in accordance with the notice provided by your Agent.
Participate with your Agent in developing an injury management plan.
Provide suitable duties for the worker (unless not reasonably practical).

Getting your worker back to work

- Talk with your worker about developing a return to work plan.
Talk to your worker's nominated treating doctor about what duties your worker does and what parts of their work (or other available duties) the worker could do, taking into account their injury.
Talk to your Agent about what support is available to help your worker return to work and overcome their injury as quickly as possible.

Your worker's responsibilities:

- To notify you that they've been injured at work as soon as possible and complete the injury register at the workplace.
To see their nominated treating doctor who may provide a WorkCover Certificate of Capacity.
To give you the completed Workers' Injury Claim Form and any WorkCover Certificate of Capacity as soon as possible after being injured.
To work with you to develop a return to work plan (if required).
To comply with their injury management plan and return to work plan.

Please note that there are penalties for providing false or misleading information in relation to this claim.

Your Agent will write to you and advise you if provisional liability has been accepted or declined. This decision will be made within 7 days of notification of injury to the Agent. The acceptance of provisional liability by the Agent is not an admission of liability. Provisional liability allows an Agent to make early payments for wages and medical expenses to the worker.

Your Agent will then advise you if claim liability has been accepted or declined within 21 days.

To find out more about the process of making a claim, your employer return to work obligations and how you can assist your worker return to work, talk to your Agent or refer to the back of this form for a list of relevant publications or visit the website at www.workcover.nsw.gov.au

Should you experience difficulty once the claim has been submitted and you would like assistance call the Claims Assistance Service on 13 10 50.

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

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

Claim no.

[Grid of 20 empty boxes for claim number]

This form can be used to lodge a Workers' Compensation Claim in New South Wales, Queensland, or Victoria.

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

[Text input field for coordinator name and contact number]

Address for correspondence relating to this claim
Postal address

[Text input field for postal address]

State

Postcode

[Text input field for State]

[Text input field for Postcode]

Employer contact e-mail address

[Text input field for employer email address]

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

[Text input field for interpreter language]

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

[Date input field: / /]

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

[Date input field: / /]

2 WORKER'S DETAILS

Family name

[Text input field for family name]

Given names

[Text input field for given names]

Street address

[Text input field for street address]

Suburb

[Text input field for suburb]

State

Postcode

[Text input field for State]

[Text input field for Postcode]

Daytime contact phone number/s?

Mobile

Phone

Home

[Text input field for mobile number]

[Text input field for phone number]

[Text input field for home number]

Date of birth

Gender

[Date input field: / /]

[Male] [Female]

3 WORKER'S EMPLOYMENT DETAILS

Street address of the worker's usual workplace

[Text input field for workplace street address]

Suburb

[Text input field for workplace suburb]

State

Postcode

[Text input field for State]

[Text input field for Postcode]

This question is required for NSW claims

How many workers are employed at this workplace?

[Text input field for number of workers]

This question is required for Victorian claims

Workplace number for worker's usual workplace

[Text input field for workplace number]

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

[Text input field for employer name]

What is the worker's usual occupation?

[Text input field for worker's occupation]

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

[Text input field for worker's tasks]

Which of the following apply to the worker?

(Please tick all relevant boxes)

- Full-Time Part-Time Apprentice Volunteer
- Contract Trainee Agency worker Contractor
- Permanent Temporary Seasonal Jockey
- Casual Student

Other?

[Text input field for other worker details]

When did this worker start working for you?

[Date input field: / /]

These questions are required for QLD claims

Is the worker employed under any of the following?

- Federal award Registered industrial agreement
- State award No agreement or award
- WCA JobCover Program Registered enterprise agreement

What is the title of the award or agreement?

[Text input field for award title]

What is the worker's minimum weekly wage?

As specified by the award or agreement \$ [Text input field]

4 WORKER'S RETURN TO WORK DETAILS

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

[Date input field: / /]

What duties are they doing?

Full

Suitable/Modified

How many hours do they work each week?

[Text input field] hrs

How many days have been lost?

[Text input field] days [Text input field] hrs

Date claim form forwarded to Agent

[Date input field: / /]

Estimated cost of claim to date

\$ [Text input field]

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?

[Text input field for return to work plan details]

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

[Text input field for issues delaying 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.

Claim no.

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6 WORKER'S EARNING DETAILS

Note: For NSW, a PIAWE form should be completed. 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 was the date and time the injury/condition occurred? / / AM
PM

What date and time did the worker first cease work? / / AM
PM

- Which of the following incident circumstances apply?
- While working at your usual workplace
 - While working away from your 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 you were working*

* For NSW incidents an other work related injury 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

Registration number/s of involved vehicles 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

Claim no.

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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
- 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 Workplace Injury