



Employers Mutual NSW Limited

Agent for the NSW WorkCover Scheme ABN 83 564 379 108 GST Branch No 005

GPO Box 4143 Sydney NSW 2001 DX 10175 Sydney Stock Exchange Tel 02 8251 9000 Toll Free 1800 469 931

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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" 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.
- $Attach\ a\ copy\ of\ the\ Work Cover\ Certificate\ of\ Capacity\ (if\ the\ worker's\ doctor\ has\ provided\ one)\ to\ this\ form.$
- 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. If your worker or their representative has difficulty giving you their claim form or any WorkCover Certificate of Capacity, or you refuse to take receipt of these documents, the worker has the right to lodge the claim directly with your Agent or WorkCover. The worker can also notify your Agent or WorkCover directly by telephone.
- To work with you to develop a return to work plan (if required).

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

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.

New South Wales Queensland Victoria 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 Numb	er
ACN/ARBN	
Division	Cost Centre
What is the main business	activity at the incident site?
Name, position, and daytin	ne contact number of employer contact

Name and daytime contact number of the return to work coordinator (if any)	What is the worker's usual occupation?
	What are the main tasks performed by the worker in their usual occupation?
Address for correspondence relating to this claim Postal address	
	Which of the following apply to the worker?
	(Please tick all relevant boxes)
State Postcode	Full-Time Part-Time Apprentice Volunteer
	Contract Trainee Agency worker Contractor Permanent Temporary Seasonal Jockey
Employer contact e-mail address	Casual Student
	Other?
If you need an interpreter, what language do you speak?	
	When did this worker start working for you?
When did you receive the worker's completed claim form?	
	These questions are required for QLD claims
When did you receive the worker's first medical certificate?	Is the worker employed under any of the following? Federal award Registered industrial agreement
	State award No agreement or award
2 WORKER'S DETAILS	WCA JobCover Program Registered enterprise agreement
Family name	What is the title of the award or agreement?
Given names	What is the worker's minimum weekly wage?
	As specified by the award or agreement 4 WORKER'S RETURN TO WORK DETAILS
Street address	
	If the worker has returned to work, please provide the date
Suburb	What duties are they doing? Full Suitable/Modified
	, ,
State Postcode	How many hours do they work each week? hrs
	How many days have been lost? days hrs
Daytima contact phone primit = 1/-2	Date claim form forwarded to Agent
Daytime contact phone number/s?	
	Estimated cost of claim to date \$
Date of birth Gender	Estimated cost of claim to date \$ Have you provided the worker with a return to work plan, taking into account the injury/condition?
Mobile Phone Home Date of birth Gender Male Female	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
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Mobile Phone Home Date of birth Gender Male Female 3 WORKER'S EMPLOYMENT DETAILS Street address of the worker's usual workplace	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
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Mobile Phone Home 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?	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
Mobile Phone Home 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	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
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Claim no.	
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This form can be used to lodge a Workers' Compensation Claim in New South Wale	s, Queensland, or Victoria.
6 WORKER'S EARNING DETAILS	When did the worker report the injury to you?
Note: For NSW, a PIAWE form should be completed.	
Please complete this section if you wish to claim for weekly	Who was the injury reported to?
payments.	
How many standard hours did the worker work	
each week before being injured? Exclude overtime hrs	What are the names and daytime contact details of any witnesses?
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 \$	Do you believe that the injury/condition was caused or contributed to
Please provide details of any overtime or shift work	by the worker, or a third party such as a manufacturer or supplier? Please give details if relevant
Average weekly overtime hrs \$	r tease give details in retevant
Average weekly overtime	
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?	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?
What happened and how was the worker injured?	eg. Do you dispute liability, and, if so, why?
What is the street address where the incident occurred?	9 EMPLOYER'S DECLARATION
	7 EMPLOTER 3 DECLARATION
	I have read the information provided in this form. I declare that the
Suburb State	information I have supplied in this form, and any attachment to this
	form, is true and correct and that no information has been suppressed
What was the date and time the injury/condition occurred?	or omitted from this report to the best of my knowledge. I understand
AM	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
What date and time did the worker first cease work?	Signature of employer 3 representative Date
M AM	
Which of the following incident circumstances apply?	
While working at your usual workplace	Name
While working away from your usual workplace	
During a meal-break or authorised recess at work	Pacition
While away from work during a recess	Position
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	
rease give details, including elain numbers	

Claim no.	
This form can be used to lade a Western' Commencial Claim in New Court Water Overagland and	١/:

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

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