

# EMPLOYER INJURY CLAIM REPORT

## FOR HELP COMPLETING THIS FORM OR FOR MORE INFORMATION CONTACT:

- Your WorkSafe Victoria (WorkSafe) Agent
- The WorkSafe Advisory Service: freecall 1800 136 089 or (03) 9641 1444

## AS THE EMPLOYER YOU NEED TO:

- ✓ Answer all indicated questions on this form. The form may be returned to you if it is incomplete
- ✓ Sign the employer's declaration at the end of this form. The form cannot be accepted without your signature
- ✓ Keep a copy of all documents for your records
- ✓ Confirm with your worker in writing that you've been notified of this claim (you can do this by giving them a copy of the *Worker's Injury Claim Form* when signed)
- ✓ If the claim includes weekly payments, send this completed form, the completed *Worker's Injury Claim Form*, and any *WorkSafe Certificate of Capacity (medical certificates)* to your Agent as soon as possible, but no later than 10 days after receiving them from your worker - or you may be financially penalised
- ✓ If the worker has an entitlement to compensation and the claim is accepted, pay the worker weekly payments,
- ✓ Pay the worker's initial medical and treatment expenses, up to the level specified by your WorkSafe policy. If this threshold is exceeded, forward this report, the claim form, copies of accounts paid, and any unpaid accounts to your Agent within 10 days
- ✓ Make sure you provide your Agent with full details of your worker's earnings, this can include a pay slip, payroll report or other document with earnings details. A form is available on the WorkSafe website which will help you accurately declare all of your worker's earnings. Please refer to the back page of this form for more information about a worker's earnings.

## GETTING YOUR WORKER BACK TO WORK

- Talk with your worker to plan for their return to work as soon as you receive their claim form or *WorkSafe Certificate of Capacity (medical certificate)*
- Talk to your worker's medical practitioner or healthcare provider about your worker's limitations, what parts of their work they could do and any suitable duties that you may have available. This can help inform the medical practitioner or healthcare provider when they review and evaluate your worker's capacity for work.
- Talk to your Agent about what support is available to help your worker return to work and overcome their injury as quickly as possible.
- When your worker has some capacity for work, provide them suitable employment. When they no longer have an incapacity for work, provide them with their pre-injury employment.
- Appoint a return to work coordinator who is competent to help you meet your return to work obligations and support the worker's return to work

For more information on your employer return to work obligations, and how you can assist your worker to return to work, refer to the back of this form or visit the website at [worksafe.vic.gov.au](http://worksafe.vic.gov.au) and click on *injuries and claims*, then *returning to work*.

## 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 report the accident to the police if the injury was the result of a motor vehicle accident. Otherwise their claim may not be valid.
- To see their medical practitioner to obtain a *WorkSafe Certificate of Capacity (medical certificate)* if they want to claim weekly compensation payments, and to give you a copy along with their claim form.
- To give you the completed *Workers' Injury Claim Form* and any *WorkSafe Certificates of Capacity (medical certificates)* as soon as possible after being injured. If your worker has difficulty giving you their claim form or any *WorkSafe Certificates of Capacity* to you, or you refuse to take receipt of these documents, the worker has the right to lodge the claim directly with the Agent. The worker can also notify the Agent or WorkSafe directly by sending them the "Early Notification" copy of the *Worker's Injury Claim Form*.
- To work with you to develop a return to work plan (if required).

The Agent will write to you and advise you if the claim has been accepted.

A decision to accept or reject the worker's claim will usually be made within 28 days from the time the claim is received by the Agent.

To find out more about the process of making a claim, and what assistance is available to support the return to work process, talk to your Agent, refer to the brochure *What to do if a Worker is Injured, a Guide for Employers*, or visit the website at [worksafe.vic.gov.au](http://worksafe.vic.gov.au).



# 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. WorkSafe 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)*

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

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?

Federal award
  State award
  WCA Jobcover Program
  Registered industrial agreement
  No agreement or award
  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 (RTWC)

## GETTING YOUR INJURED WORKER BACK TO WORK:

- You must commence planning your worker's return to work as soon as you receive their claim for weekly payments or *WorkSafe Certificate of Capacity (medical certificate)*, even if they do not have a current capacity for work.
- Planning involves obtaining relevant information about your worker's capacity for work and considering reasonable workplace support, aids or modifications. It also involves assessing and proposing suitable employment options, and consulting with your worker, their medical practitioner or healthcare provider and occupational rehabilitation provider (if one is involved).
- If you need assistance with return to work planning or assessing suitable employment options, contact your Agent immediately. Your Agent may approve the use of an Occupational Rehabilitation provider to help you.
- Send the proposed suitable or pre-injury employment options to the worker's medical practitioner or healthcare provider. This will help them understand the availability of suitable employment, and inform them when making an assessment of the worker's capacity for work.
- *WorkSafe's Return to Work Proposal* template may assist you to communicate these suitable or pre-injury employment options to the medical practitioner or healthcare provider.
- Ideally a return to work proposal would be signed by all parties to indicate their support, however it is not mandatory.
- You must provide your worker with clear, accurate and current details of their return to work arrangements, and regularly review and update these as your worker's condition will change over time.
- When your worker has some capacity for work, you have a legal obligation to provide them with suitable employment. When they no longer have an incapacity for work, your legal obligation is to provide them with their pre-injury employment. Employers who do not meet these obligations risk penalties, including fines and prosecutions in the courts.

## FURTHER INFORMATION AVAILABLE TO SUPPORT YOUR RETURN TO WORK PLANNING

You can obtain information, forms, publications and factsheets to help you plan a worker's return to work from our website, [worksafe.vic.gov.au](http://worksafe.vic.gov.au). Click on '*Injury and Claims*' then '*Returning to work*'.

This information includes:

- *What to do if a worker is injured - a guide for employers*
- useful tools and templates to help you assess and propose suitable employment, and clearly set out a worker's return to work arrangements.

You can also contact your Agent for further advice and guidance about return to work planning and preparation.

## ADDITIONAL SUPPORT FOR RETURN TO WORK COORDINATORS

Material, guidance and training are available to help return to work coordinators fulfil their role and assist their employer meet their return to work obligations. For further information, visit the WorkSafe website [worksafe.vic.gov.au](http://worksafe.vic.gov.au)

Return to Work Coordinators can also sign up to the WorkSafe *Return to Work Coordinator Register*. This enables Return to Work Coordinators to receive key information on:

- Return to Work Coordinator training
- Return to Work Employer networks
- new return to work forms, publications and information
- legislative changes impacting return to work processes and requirements

Registration is voluntary but is strongly encouraged. Register at <http://rtw.worksafe.vic.gov.au>

## CALCULATING ENTITLEMENT TO WEEKLY PAYMENTS

Weekly payments are calculated based on the worker's pre-injury average weekly earnings (PIAWE) for the 52 weeks before their injury. If they have been employed by you for less than 52 weeks, their average weekly earnings for the period of employment are used.

### What you need to provide about your worker's earnings

So that the Agent can calculate the worker's PIAWE, you will need to provide details of any of the following payments that you have made to the worker in the 52 weeks before the injury (or if the period of employment was less than 52 weeks, in the period of actual employment).

- Worker's base rate of pay
- Overtime and shift allowances paid
- Piece rates, tally bonuses and commissions paid
- Non-pecuniary benefits including residential accommodation, use of a motor vehicle, payment of health insurance or payment of education fees
- Any salary sacrifice arrangements

You will also need to tell the Agent of any promotion or voluntary demotion of the worker in the 52 week period before the injury. If your worker's earnings include any of the items listed above, and are not captured in part 6 of this form you can complete the *Calculating Pre-Injury Average Weekly Earnings* form that is available on the WorkSafe website, [worksafe.vic.gov.au](http://worksafe.vic.gov.au) to ensure you have provided all the worker's earnings details.