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

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

1 EMPLOYER’S DETAILS

Legal name

Trading name

Employer’s scheme registration number

e.g., 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

Date of birth Gender

/ /  [ ] Male  [ ] Female

Street address of the worker’s usual workplace

Suburb

State Postcode

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]

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

Other?

When did this worker start working for you?

/ /

3 WORKER’S EMPLOYMENT DETAILS

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]

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

* This question is required for NSW and QLD claims

* 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

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?

/ /
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

<table>
<thead>
<tr>
<th>5 Claim Confirmation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you agree that the details provided in sections 2 &amp; 4 of the Worker’s Injury Claim Form are correct?  Yes  No</td>
</tr>
<tr>
<td>Do you accept that your worker has an injury/condition which is work-related and occurred while in your employment?  Yes  No</td>
</tr>
<tr>
<td>Note: If you agree the injury is work-related, and believe that the details provided in sections 2 &amp; 4 of the Worker’s Injury Claim Form are correct, you do not need to complete the remaining 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.</td>
</tr>
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<table>
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<tr>
<th>6 Worker’s Earning Details</th>
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<tbody>
<tr>
<td>Please complete this section if you wish to claim for weekly payments</td>
</tr>
<tr>
<td>How many standard hours did the worker work each week before being injured?  Exclude overtime</td>
</tr>
<tr>
<td>What were the worker’s usual working hours?  For example, Monday to Friday, 8.30 am to 5.30 pm</td>
</tr>
<tr>
<td>What was the worker’s usual gross hourly rate?  Exclude overtime &amp; shift allowances</td>
</tr>
<tr>
<td>What was the worker’s usual gross weekly earnings?  Exclude overtime &amp; shift allowances</td>
</tr>
<tr>
<td>Please provide details of any overtime or shift work</td>
</tr>
<tr>
<td>Average weekly overtime  hrs $</td>
</tr>
<tr>
<td>Weekly shift allowance  $</td>
</tr>
<tr>
<td>Please provide payroll records covering the 12 months prior to injury</td>
</tr>
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<table>
<thead>
<tr>
<th>7 Incident Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the worker’s injury/condition, and which parts of the body are affected?</td>
</tr>
<tr>
<td>What happened and how was the worker injured?</td>
</tr>
<tr>
<td>What is the street address where the incident occurred?</td>
</tr>
<tr>
<td>Suburb</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>What date and time did the injury occur?  /  AM  /  PM</td>
</tr>
<tr>
<td>What date and time did the worker first cease work?  /  AM  /  PM</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>8 Additional Information</th>
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<tbody>
<tr>
<td>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?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 Employer’s Declaration</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Signature of employer’s representative  Date</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Position</td>
</tr>
</tbody>
</table>

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

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 to ensure you have provided all the worker’s earnings details.