

EMPLOYER INJURY CLAIM REPORT

FOR HELP COMPLETING THIS FORM OR FOR MORE INFORMATION CONTACT:

- Your WorkCover Agent
- The WorkCover 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
- ✓ Attach a copy of the *WorkCover Certificate of Capacity (medical certificate)* to this form if the claim is for weekly payments
- ✓ Keep a copy of all documents for your records
- ✓ Confirm to 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 *WorkCover 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
- ✓ Pay the worker weekly payments if the claim is accepted and they have an entitlement
- ✓ Pay the worker's initial medical and treatment expenses, up to the level specified by your WorkCover 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

GETTING YOUR WORKER BACK TO WORK

- Talk with your worker to develop a return to work plan as soon as you are aware that they will be incapacitated for 20 days or more, and, when they have some capacity to work, include an offer of suitable employment
- Appoint a return to work coordinator to support the worker's return to work if they are incapacitated for more than 20 days
- Talk to your worker's medical practitioner about their limitations, what parts of their work they could do and any suitable duties that you may have available
- Talk to your Agent about what support is available to help your worker return to work and overcome their injury as quickly as possible

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 www.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 give you the completed *Workers' Injury Claim Form* and any *WorkCover Certificates of Capacity (medical certificates)* as soon as possible after being injured. If your worker has difficulty giving you their claim form or any *WorkCover 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 the VWA directly by sending them the "Early Notification" copy of the *Worker's Injury Claim Form*
- To see their medical practitioner to obtain a *WorkCover 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 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 (if your worker is claiming weekly payments), or 60 days (if the claim is only for medical and like expenses) 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 www.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. 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"/> Apprentice | <input type="checkbox"/> Student |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Trainee | <input type="checkbox"/> Agency worker | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary | <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 (RTWC)

RETURNING YOUR INJURED WORKERS BACK TO WORK:

- A return to work (RTW) plan must be prepared in most cases within 10 days from the date that your injured worker's claim for weekly payments was accepted, or the date you became aware your injured worker would have an incapacity for 20 days or more, whichever is the later
- If your worker has any capacity for work, the RTW plan must include an *Offer of Suitable Employment*
- The RTW 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
- If you need assistance with RTW and identifying suitable employment, contact your WorkCover Agent immediately. Your Agent must approve costs for occupational rehabilitation if reasonably necessary before the services are provided. Steps to facilitate the RTW may include modifying the worker's duties or hours, providing special equipment or discussing RTW options with the treating medical practitioner
- Ideally the RTW plan should be signed by all parties to indicate their agreement. You should send a copy to the injured worker's treating medical practitioner to gain their support, but it is not mandatory to have their signature to proceed with planning for your injured worker's return to work
- Send a copy of the completed RTW plan to your Agent as soon as possible and whenever it is updated
- **You have a legal obligation to offer your injured worker suitable duties (if they have a capacity) and to re-employ your injured worker. Employers who do not meet these obligations risk penalties, including fines and prosecutions in the courts.**

FURTHER INFORMATION

- RTW plans and general information can be downloaded from **[www.worksafe.vic.gov.au/injuries and claims/returning to work](http://www.worksafe.vic.gov.au/injuries_and_claims/returning_to_work)**
- Contact your Agent for further advice regarding RTW planning and preparation

NAVIGATING THE VWA WEBSITE FOR CLAIMS AND RTW INFORMATION

Go to the Home page at **www.worksafe.vic.gov.au**
Click on '*Injury and Claims*' then '*Returning to work*'

RTW PUBLICATIONS, FORMS AND INFORMATION SHEETS AVAILABLE ON THE WEBSITE

- *The Return to Work Guide for Victorian Employers*
- *What to do if a worker is injured, A guide for employers*
- *Risk Management and Occupational Rehabilitation programs*
- *Return to Work Plan and Offer of Suitable Employment form*
- *Return to Work Coordinator Training information*

ADDITIONAL RTW COORDINATOR SUPPORT

High quality RTW Coordinator training is available to assist Victorian employers to meet their RTW planning and implementation obligations.

This is available as a 2 day training program for those undertaking RTW coordination and there is a wide range of training providers, venues, dates and costs available.

- If you would like further information and support to undertake your RTW Coordinator responsibilities it is recommended that you register on the RTW Coordinator database. All RTW Coordinators are encouraged to register on line - registration is voluntary **<http://rtw.worksafe.vic.gov.au>**
- The database conveys key information on:
 - RTWC training
 - RTW employer networks
 - New RTW publications and tools
 - Legislative change and RTW implications