



Claim no.

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)

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

State

Postcode

Daytime contact phone number/s?

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*

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 ☐ Apprentice ☐ Volunteer ☐  
Contract ☐ Trainee ☐ Agency worker ☐ Contractor ☐  
Permanent ☐ Temporary ☐ Seasonal ☐ Jockey ☐  
Casual ☐ Student ☐  
Other?

When did this worker start working for you?

*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?

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?

How many days have been lost?

Date claim form forwarded to Agent

Estimated cost of claim to date

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.

[illegible]

## 6 WORKER'S EARNING DETAILS

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Please provide payroll records covering the 12 months prior to injury

## 7 INCIDENT DETAILS



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/   /  
 AM  
 PM

/   /  
 AM  
 PM

☐ 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\*


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## 8 ADDITIONAL INFORMATION


## 9 EMPLOYER'S DECLARATION

Position \_\_\_\_\_

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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](http://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