

**Worker’s Injury Claim form**

UNSW Workers Compensation Department

**Enquiries**

Claims Management: 9385 3194

Return to Work Coordinator: 9385 3784

The University of New South Wales is a licensed self-insurer under the Workers Compensation Act 1987 and Workplace Injury Management and Workers Compensation Act 1998.

# **Information for Injured workers**

# **Before completing this form, you should**:

* **notify your Manager or Supervisor** as soon as possible of your work-related injury or illness.
* **report your injury online**: **step 1.** Go to myUNSW **step 2.** select mySTAFF profile **step 3.** Go to MYprofile **step 4.** Go to Health Safety & Environment **step 5.** Go to report a Hazard/Incident **step 6.** Complete online notification
* **see your nominated treating doctor**, who may provide a State Insurance Regulatory Authority (SIRA) Certificate of Capacity, and give the original copy of the certificate with this claim form to UNSW Workers' Compensation Department.

**All questions on this form must be answered.**

There are penalties for providing false or misleading information in relation to this claim. You must let UNSW Workers' Compensation Department know if your circumstances change and it impacts on the accuracy of the information in this form.

The form cannot be accepted without your signature. Please sign the authority to release medical information and worker’s declaration on page 6. As soon as you complete this form, make a copy for your records and give the Original completed form to UNSW Workers' Compensation Department.

UNSW Workers' Compensation Department will write to you and advise you if your claim is accepted or if further information is required.

For help completing this form, contact UNSW Workers' Compensation Department or return to work coordinator, your union, or SIRA Customer Service Centre on 13 10 50 (cost of a local call).

## Getting back to work

To help you return to work and assist your recovery, you can:

* ask your doctor about treatment, the parts of your work you can do and any medical restrictions that should apply
* encourage your doctor to talk to UNSW return to work coordinator about any suitable duties and about developing a return to work plan
* talk to the UNSW return to work coordinator about what support is available to help you return to work and overcome your injury as quickly as possible.

**During your claim and return to work you must:**

* cooperate with the UNSW return to work coordinator and your doctor in developing an injury management plan to coordinate and manage any treatment, rehabilitation or retraining required to assist you in your return to work
* comply with your return to work plan and the injury management plan developed for you by UNSW return to work coordinator.

## Collection of personal and health information

SIRA and UNSW Workers' Compensation Department may collect disclose or share personal and health information about you from various sources for the purposes of processing, assessing and managing your claim.

Collection of this information may be required by the *Workplace Injury Management and Workers Compensation Act 1998* and the *Workers Compensation Act 1987*. If you do not provide any part or all of this information, your claim may not be accepted or processed.

All information collected in this form will be held by UNSW Workers’ Compensation Department. You may request access to your personal and health information and request that any errors be corrected.

# **Information for employers**

UNSW has a duty to:

* ensure the online notification of injury via myUNSW is completed. If the employee is unable to complete the online notification due to special circumstances the Manager or Supervisor must record the incident on their behalf within 48 hours of becoming aware of the injury.
* pay an employee weekly payments if their claim is accepted
* offer suitable employment to the employee
* work with the employee to develop a return to work plan after the employee’s doctor has determined if any restrictions are necessary.

# **More information**

For more information or assistance, contact UNSW Workers’ Compensation Department, or your union. You are also encouraged to visit the SIRA website at [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au/) or call the SIRA Customer Service Centre – 13 10 50 (cost of a local call).

**Worker name**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of injury (DD/MM/YYYY) |  | Claim number (if known) |  | Medicare number  (Medicare clearance is required for the management of your claim) |

Section 1: Worker’s details

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**Title** **Family name**

**Given names**

**Other known or previous legal names, for example maiden names**

**Date of birth (DD/MM/YYYY)** **Gender**

**Male**  **Female**

**Residential street address**

**Suburb** **State** **Postcode**

**What are your daytime contact phone number(s)**

**Mobile** **Work** **Home**

**E-mail address**

|  |  |  |
| --- | --- | --- |
| **If you need an interpreter, what language do you speak?** |  | **Do you have special communication needs because of disability? For example hearing or vision impairment** |
|  |  |  |

**Section 2: Incident and worker’s injury details**

**What task(s) were you doing when you were injured?**

**What happened and how were you injured?**

**What is your injury/condition, and which parts of your body are affected?**

**What Campus location, building or room number were you working in when you were injured?**

**Which of the following incident circumstances apply?**

A motor vehicle accident while you were working\* While working at your usual workplace

During a meal-break or authorised recess at work While away from work during a recess While working away from your usual workplace Travelling to or from work\*

|  |  |
| --- | --- |
| **What was the date and time the injury/condition occurred?**  **Date (DD/MM/YYYY)** **Time (AM/PM)** | **When did you first notice the injury/condition? Date (DD/MM/YYYY)** |
|  |  |
| **If you stopped work, what was the date and**  **time?**  **Date (DD/MM/YYYY)** **Time (AM/PM)** | **When did you report the injury/condition to the University?**  **Date (DD/MM/YYYY)** |

**What is the name and position of the person you reported the injury/condition to?**

**If you did not report the injury/condition, or there was a delay, please explain why**

**What are the names and daytime contact details of anyone who witnessed the incident?**

**Have you previously had another injury/condition or personal injury claim that relates to this injury/ condition? Please give details, including claim number(s) and insurer details**

**Section 3: Worker’s employment details**

**Name and daytime contact number of employer contact (Manager or Supervisor)**

**What is your usual occupation? What do you do?**

**Which of the following apply to you?** (Please tick all relevant boxes)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full-time | Part-time | Contract | Casual | Other |

**When did you start working for UNSW?** **(DD/MM/YYYY)**

**Did you have any other employment at the time you were injured? Please provide or attach the names of any other employers and their contact details, and any relevant wage or payment records**

**Section 4: Worker’s primary earnings details**

Please complete this section if you wish to claim for weekly payments

|  |  |  |
| --- | --- | --- |
|  | |  |
| How many standard hours did you work each week before being injured?  *Exclude overtime* | | Hours |
|  | |  |
| What were your usual working hours?  *For example, Monday to Friday, 8.30 am to 5.30 pm* | | |
|  | | |
| What was your usual pre-tax hourly rate?\* *Exclude overtime and shift allowances* | | $ |
| What were your usual pre-tax weekly earnings?\* *Exclude overtime and shift allowances* | | $ |
|  | |  |
| Please provide details of any overtime or shift work | Weekly shift allowance | $ |
|  | Weekly overtime Hours | $ |

**Section 5: Treatment and return to work details**

Who is your nominated treating doctor?

Name Phone

Please provide the name, clinic or hospital and contact details of any medical providers (including clinics or hospitals) that have treated your injury

|  |  |  |
| --- | --- | --- |
| If you have returned to work what was the date? (DD/MM/YYYY) | What duties are you doing?  Full  Suitable/modified | How many hours are you working? |

If you have not returned to work, do you think there are issues that would delay or prevent you from returning to work?

|  |  |  |
| --- | --- | --- |
| When did you give UNSW Workers’ compensation Department this claim form?  (DD/MM/YYYY) | How did you give this claim form to UNSW Workers Compensation Department?  Hand delivery  By post | When did you give UNSW Workers Compensation Department the first State Insurance Regulatory Authority (SIRA) Certificate of Capacity? |

I have read the information provided in this form. I declare that the information that I have supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge. I understand that the making of a false or misleading claim or false and misleading statement in support of the claim is punishable by law and that I may be prosecuted.

**Section 6: Authority to release medical information and worker’s declaration**

I authorise and consent to any person who provides a medical or hospital service to me in connection with an injury/condition to which this claim relates to provide upon request by SIRA or my insurer/claims agent, any information regarding the service relevant to the claim. I understand that my authority has effect and cannot be revoked for the duration of this claim.

This declaration must be completed for claims in NSW

I authorise and consent to the collection, disclosure and use of any personal and health information in connection with an injury/condition to which the claim relates by SIRA, my employer or insurer/claims agent to each other, or to any person who provides a medical service or hospital service to me in connection with an injury/condition to which this claim relates.

I understand that if this claim results in my receiving weekly compensation payments, I am required to notify whomever is paying my benefits if I commence employment with some other person or in my own business, or of any change in my employment that affects my earnings, and that failure to do so is an offence.

**Worker’s signature** **Date** (DD/MM/YYYY)

**Collection of personal and health information to manage your claim**

In processing your claim, UNSW Workers’ Compensation Department may collect personal and health information about you. The *State Insurance and Care Governance Act 2015* established Insurance and Care NSW (icare) to act for the Nominal Insurer in accordance with section 154C of the *Workers Compensation Act 1987*. Some employers are self-insurers while others may be covered by specialised insurers. icare, acting for the Nominal Insurer, has appointed insurance agents to act on its behalf in managing workers’ compensation policies and claims for compensation.

Personal and health information is collected about you on this form and may also be collected during the processing, assessing and management of your claim. It may be collected from your current, previous and future employers, other government agencies, credit reporting agencies, health service providers and other persons who can provide information relevant to the claim. Personal and health information about you may also be collected by solicitors, private investigators, loss adjusters and other service providers acting on behalf of your insurer.

Personal and health information is collected for the purposes of enabling UNSW Workers’ Compensation Department to process assess and manage your claim and to verify any evidence you may submit in support of a claim. The information may also be used for one or more purposes listed in section 243 of the *Workplace Injury Management and Workers Compensation Act 1998* (“1998 Act”), for the purposes of legal proceedings arising under the *1998 Act or the Workers Compensation Act 1987,* to assist with your rehabilitation and return to work and to assist your insurer to better manage claims generally.

For the purposes of processing, assessing and managing your claim and for the purpose of any complaint or enquiry made by you to any authority, including SIRA or the Workers Compensation Independent Review Office (WIRO), and insurers may disclose personal and health information about you to each other and to the following organisations and types of organisations:

* SIRA
* employees, contractors and agents of SIRA and insurers
* your employers
* solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of icare or an insurer in relation to the claim
* the Workers Compensation Commission and approved medical specialists
* a court or tribunal in the course of proceedings under any of the Acts administered by SIRA
* any other person, organisation or government agency authorised by you, or by law, including the WIRO and its employees or agents, to obtain the information.

Collection of this information may be required by the *Workplace Injury Management and Workers Compensation Act 1998* and the *Workers Compensation Act 1987.* If you do not provide any part or all of this information, your claim may not be accepted or processed. All information collected in this form will be held by icare, or by the UNSW Workers’ Compensation Department. You may request access to personal and health information about you collected by SIRA or insurers. You may also request the correction of any errors in the personal or health information held by icare or insurers.ABN 57 195 873 179 | CRICOS Provider Code 00098G