**Other Work Related 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.

**This supplementary information is to be provided by:**

**The worker in respect of:**

* an injury received while on the daily or other periodic journey between the workers place of abode and place of employment, or between the place of abode and any trade, technical or other training school where there is a real and substantial connection between the employment and the accident
* an injury received while on a journey between the worker’s place of abode and the other places referred to in section 3(c) - (g) of the *Workers Compensation Act 1987,* where there is a real and substantial connection between the employment and the accident
* an injury received while on a journey between the worker’s place of abode and the other places referred to in section 3(c) - (g) of the *Workers Compensation Act 1987*
* an injury received while away from work during an ordinary recess and for an injury involving a motor vehicle accident in the course of employment.

**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 5.** 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.

**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).

Section 1: Worker’s details

**Title** **Family name**

**Given names**

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

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

Female

Male

**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? Eg. hearing or vision impairment** |
| **Section 2: Journey details****What mode of transport were you using? Car, bike, walk** |  |  |  |
| **Date (DD/MM/YYYY)** **Time (AM/PM)**    |  |  |

**Where exactly did the accident happen?** Eg. Street

**Suburb Postcode**

where

**Where were you travelling to?**  Eg work, home, conference, meeting

**Did the accident involve a motor vehicle whilst you were working? Yes No**

**What time did you leave work, home, conference, meeting? :: : AM/PM**

**Where you on a recess or authorised break? Yes No**

**What was the purpose of your journey?**

**Did you divert from your usual route?** **Yes No**

**If yes, provide details**

**Was there any interruption to the journey for any reason? Yes No**

**If yes, provide details**

**Had you consumed any alcohol or drugs in the 12 hours immediately prior to the accident?**

**Yes No If yes, how much?**

**How did the accident occur? Please provide detailed description. Use extra pages if needed.**

**Contact details of witnesses**

|  |  |  |
| --- | --- | --- |
| **Full name** | **Address** | **Phone numbers** |
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|  |  |  |

**In your opinion, who was responsible for the accident? Why?**

Section 3: Traffic Accident Details

*All traffic accidents in which someone is injured, must be reported to the Police as soon as possible but no later than 28 days after the accident. If you have not already reported your accident, you should do so immediately*.

**A**. **IF YOU WERE INJURED IN A TRAFFIC ACCIDENT**

**Police station to which the accident was reported**

**Date** / / **Police Officers name**

**Did the Police attend the accident? Yes**  **No**  **Reference number**

**Police action proposed or taken**

**If you were a driver/passenger, were you wearing a seatbelt? Yes No**

**If you were a rider/passenger, were you wearing a seatbelt? Yes No**

**Using the symbols below, draw a diagram of the accident scene showing the position of all vehicles and indicate by arrows the direction of travel.**

Your vehicle

Other vehicle

Pedestrian, cyclist etc

Intersection





**B. ABOUT THE VEHICLE IN WHICH YOU WERE INJURED**

**Registration number State of Rego. Driver’s name Driver’s licence number**

**Driver’s residential address: Street Suburb Postcode**

**Phone: Work Mobile Home**

**Vehicle owner’s name (if different from driver) Contact details**

4: Non Worker’s Compensation Claims

**Have you made a personal injury claim other than a workers compensation claim regarding this accident? Eg. CTP claim or a public liability claim.** **Yes** **No**

**If Yes, provide details of type of claim** **Name of Insurer Claim reference number**

5: Authority to release medical information and worker’s declaration

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.

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.