



Australian Government

Comcare

PUTTING YOU *FIRST*

CLAIM FOR AIDS OR APPLIANCES EXCLUDING HEARING AIDS

Please complete this form if you want to claim for aids or appliances under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act).

DISCLOSING AND SHARING OF INFORMATION

Comcare needs to collect your personal information for the purpose of determining and managing your compensation claim and to assist Comcare to perform its functions and exercise its powers under the SRC Act.

Your personal information may also be used by Comcare for the purposes of administering and enforcing other legislation administered by Comcare including the *Occupational Health and Safety Act 1991* (OHS Act) and associated regulations.

In the course of managing your claim, Comcare may need to disclose your personal information to the following third parties:

- > your employer at the date of injury and any subsequent employer
- > your superannuation fund manager or trustee
- > any health professional, hospital or other health institutions
- > your case manager
- > your rehabilitation provider
- > vocational and functional assessor
- > employment agencies
- > legal advisers
- > persons engaged by Comcare to conduct research related activities
- > the Safety, Rehabilitation and Compensation Commission
- > investigators appointed under section 40 of the OHS Act
- > any relevant third party (or insurer) considered by Comcare to have contributed to the injury
- > any other person assisting Comcare in the performance of its functions or exercise of its powers.

In the course of managing your claim, Comcare and the above specified parties may have occasion to collect your personal information from, and disclose records containing your personal information to, one another.

PART A: EMPLOYEE'S DETAILS

Comcare claim reference number (if known)	<input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/>
Residential address	<input type="text"/> <input type="text"/>

Postal address

Date of injury

Accepted condition

Details of aid or
appliance claimed for

Is the aid or appliance a replacement of one previously approved by Comcare? Yes No

EMPLOYEE'S DECLARATION

I declare that:

- > the information I have supplied on this form and any other attachment is true and accurate
- > I am aware that the making of a false or misleading claim or false or misleading statement in support of that claim is punishable by law under the *Criminal Code Act 1995* and, in that event, I may be liable for prosecution
- > I am aware that any monies paid by Comcare as a result of a false or misleading statement or claim will be recovered.

Signature

Date

PART B: TREATING PRACTITIONER TO COMPLETE

Reason aid or
appliance is required

Length of time aid or
appliance is required

TREATING PRACTITIONER'S DETAILS

Name

Address

Phone

Fax

Qualifications

Specialty

Provider number

Signature

Date