



Workers' Compensation Claim Form

This form is to be completed if you wish to claim workers' compensation under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act), an Act relating to the rehabilitation of employees and to workers' compensation for those employees.

Sections of this form are to be completed by you and your employer. If you have difficulty completing this form, please seek assistance from your employer.

How to claim

- If you have not already told your employer that you have been injured or contracted an illness at work, notify them as soon as possible.
- Either complete this form together with your employer or, once you have answered your questions in the Employee section, then give this form and any attachments to your employer. Your employer will then complete their section and send it to Comcare.
- If you are no longer employed, you must complete and give the form and attachments to the employer you were working for when you were injured or became ill. If that employer no longer exists or has changed its name, please complete the Employee section of this form and send it to Comcare.
- If your answers do not fit in the space provided, please attach additional pages with the necessary details.

Attachments you must supply

Your claim cannot be assessed unless you attach:

- A *Medical certificate for compensation* with diagnosis and causation (including what has caused your condition), completed by your doctor or medical specialist, describing your condition and symptoms. This form can be downloaded at www.comcare.gov.au/medicalcertificate
- If you are claiming for a psychological injury you must attach a statement outlining the events that contributed to your injury in support of your claim. A guide is available at www.comcare.gov.au/providingastatement
- If you are only claiming for chiropractic, physiotherapy, dentistry or osteopathic treatment and not for time off work, you only need to provide a certificate from your treating chiropractor, physiotherapist, dentist or osteopath.
- A separate *Journey form* must also be completed if your injury happened while travelling for work purposes. This form can be downloaded at www.comcare.gov.au/journey

If you need more information

- Talk to the person in your agency who will be assisting you (rehabilitation case manager and/or line manager).
- Call Comcare on **1300 366 979** (for the cost of a local call from a landline).
- For information about lodging a claim go to www.comcare.gov.au/lodgingclaim
- For translating or interpreting assistance, call **13 14 50**.

Responsibilities

Your responsibilities

- Actively engage with your employer and/or your rehabilitation case manager to facilitate your return to work and health.
- Actively participate in your rehabilitation.
- You can also talk to your employer and/or your rehabilitation case manager about your employer's rehabilitation policy and procedures.
- Provide Comcare with timely, accurate and complete information about your claim.
- Cooperate and communicate regularly with your employer, rehabilitation case manager and rehabilitation provider about your claim.
- Advise Comcare as soon as possible about any changes in your circumstances.

Employer's responsibilities

- Assist with your rehabilitation and encourage early and safe return to work.
- Help you find suitable work or a gradual return to work where a return to normal duties is not possible.
- Talk with your treating doctor to understand what jobs/tasks you can safely do at work.
- Assess whether rehabilitation is needed and appoint a rehabilitation provider if required.

Comcare's responsibilities

- Work with you, your employer and treating doctors to get you back to health and work.
- Let you know when your claim has been received and notify you of any decisions and entitlements.
- Deliver appropriate and timely management of your claim, including payment for your treatments and time off work where appropriate.
- Provide rehabilitation and return to work support to both employees and employers.

What you should expect to happen next

Comcare will let you know when your claim has been received and will notify you of any decisions.

Privacy statement

Comcare is authorised by the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) to collect, use and disclose your personal information. If Comcare is unable to collect, use and disclose your personal information for the purposes of assessing your claim or related functions, we may not be able to determine your claim. Comcare collects an employee's personal information that is reasonably required in order to manage the compensation claim, any associated rehabilitation or Comcare's regulatory requirements under the SRC Act and the *Work Health and Safety Act 2011* (WHS Act). Comcare may also need, in accordance with the *Privacy Act 1988*, to collect your personal information from, and disclose your personal information to, a number of parties, including the following:

- your employer (including any relevant managers) when you were injured, your current employer and any subsequent employer
- your superannuation fund manager or trustee
- any health professional, hospitals, other health institutions, or service providers related to your claim
- your rehabilitation case manager
- your rehabilitation provider
- vocational and functional assessor
- employment agencies
- legal advisors
- law enforcement authorities
- personnel engaged by Comcare to conduct research related activities
- the Safety, Rehabilitation and Compensation Commission
- Department of Veterans' Affairs
- Comcare fraud investigators
- inspectors appointed under section 156 of the WHS Act
- the Clinical Panel www.comcare.gov.au/clinicalpanel
- any relevant third party (or insurer) considered by Comcare to have contributed to or have information relevant to the claimed injury, illness or impairment
- any other person assisting Comcare in the performance of its functions or exercise of its powers, including contractors and consultants
- any other entity where there is legal obligation to do so (for example, but not limited to, responding to the direction of a court to produce documentation).

It is unlikely Comcare will provide personal information to anyone in an external territory or outside Australia, unless the information relates to an incident, investigation, injury or illness sustained while overseas, or treatment provided by an overseas practitioner. If disclosure of personal information is made to someone overseas, Comcare will follow the Australian Privacy Principles that relate to disclosure to overseas entities.

Accuracy of personal information. Comcare wants to ensure personal information is up to date and complete. Our Privacy Policy explains how to access personal information held about you and how to go about making any corrections.

Complaints. If you think Comcare has interfered with or breached your privacy (relevant to the Privacy Act 1988), our Privacy Policy contains information about what you should do and how we will respond.

For a copy of our Privacy Policy, to request a change of your personal information or to make a privacy complaint please refer to www.comcare.gov.au/privacy. You can also contact us on 1300 366 979 or email us at privacy@comcare.gov.au.



Employee's authority and declaration

1. I have read and agree to all the information within this form including the privacy statement.
2. The information that I am providing in this form and in any attachments are an accurate representation of facts and events. I understand that making a false or misleading claim, or statement in support of this claim, is punishable by law and I may be prosecuted and can result in Comcare recovering any money they give me.
3. I authorise and consent to the collection, use and disclosure of my relevant personal and medical information by Comcare and any relevant parties, including those listed above, for purposes connected with the assessment and management of my compensation claim, and by Comcare to carry out its regulatory functions.
4. I understand if I withdraw my consent then this may result in my claim being suspended or cancelled.
5. I know I must immediately inform Comcare if I become employed in any way during the period I am absent from work due to my injury/disease.
6. I know I must immediately inform Comcare if I am aware of any overpayments that I may have received and these may be recovered by Comcare.
7. I know I must inform Comcare if my injury or disease improves enough to allow me to return to work.

Print your name

Signature

Date

Employee to complete

Sections of this form are to be completed by you and your employer. Please complete using black or blue ink.

Your personal details

- Title
- Given names
- Surname
- Other known or previous names (e.g. maiden name)
- Date of birth
 / /
- Medicare card number
 Ref no.
- Gender M F
- Do you wish to identify as Aboriginal or Torres Strait Islander?
 Yes, Aboriginal Yes, Torres Strait Islander No
- Residential street address
 Street
 Suburb
 State Postcode
- Phone
 Mobile
 Home Work
- Email
- Would you prefer we communicate with you by email or post?
 Email Post
- Postal address for correspondence (if different from above)
 Street
 Suburb
 State Postcode
- Preferred language (if not English)

If you need an interpreter call 13 14 50

About your injury

- Name of your employer when you were injured or became ill
 - Were you employed anywhere else at the time (including self-employment, voluntary or unpaid work)?
 Yes No
 - Where were you at the time of your injury/illness?
 Your usual workplace On a work break
 Working away from your usual workplace
 Working at home Travelling for work purposes*
 Engaged in an employer approved activity
 Other
- *You also need to complete a Journey form available at www.comcare.gov.au/journey - in general, journeys between an employee's residence and usual place of work are not considered as travelling for the purpose of work, and as such are not covered.
- What is the postcode where your injury/illness occurred?
 - What is the condition that you are claiming for?
 - If claiming for a physical injury or disease, which parts of your body are affected?
 - What tasks were you doing when you were injured?
 - What happened and how were you injured?
 - When did you first notice your symptoms/injury?
Date / / Time (approx) am pm
 - How long do you expect to be absent from work due to your injury or illness?
 No absence Less than 12 weeks
 Less than 1 week Longer than 3 months
 Less than 4 weeks

25. At the time you were injured/became ill, were you taking any prescribed medication or under the influence of alcohol or other drugs?

Yes No

Please provide details



If you believe that there are additional circumstances relevant to your situation, please attach a signed and dated statement. Further information and a statement template are available at www.comcare.gov.au/providingastatement

26. Do you intend to make a claim, or take any other action, against any other third party for this injury (e.g. insurance company, Department of Veterans' Affairs, Dust Diseases Tribunal or government entity)?

Yes No Not sure

You must inform Comcare in writing when initiating a claim against the government or a third party in respect of your injury/illness. Failure to notify Comcare within seven days of initiating proceedings may result in a penalty.

Your medical treatments

27. When did you first seek medical treatment?

Date / /

28. Name of medical practitioner

29. Name of specialist clinic or hospital

30. Address

31. Phone

32. Type of medical provider (e.g. physiotherapist, chiropractor, counsellor)?



Please attach a Medical certificate for compensation form completed by your doctor. For further information go to www.comcare.gov.au/medicalcertificate



If you have been treated by other medical practitioners, attach a list that provides details as outlined in Q27-32.

You may be required to attend independent medical examinations throughout the course of your claim.

33. Have you ever experienced a similar symptom, injury or illness, work-related or otherwise?

Yes No

34. Have you ever claimed compensation through any insurer, for a similar injury or condition (e.g. claims with the Department of Veterans' Affairs, the Dust Diseases Tribunal, or involving a motor vehicle accident)?

Yes No, go to Q44

35. Describe your injury/condition

36. What parts of the body were affected?

37. Name of your employer at the time

38. Year of claim

39. Name of insurer

40. Claim reference number (if known)

41. Name and contact details of any health provider who has treated you for this condition

42. Medical practitioner (e.g. doctor)

43. Phone number of medical practitioner



If you have claimed workers' compensation for any other similar injury or condition please attach an additional list.



Your bank details

44. Any medical expense payments that are due to you will be paid by electronic funds transfer (EFT) into your bank account. Please provide your bank details and sign the authorisation.

Name of institution

Branch

Address

State

Postcode

Account name

BSB number

Account number

Authorisation: I authorise Comcare to make payments into my nominated bank account.

Print your name

Signature

Date

Checklist

Once you have read, understood and completed the Employee section of this form, use this checklist to ensure you have supplied everything required. Please ensure you have provided all the attachments and authorisations, as failure to do so may delay a decision on your claim.

Signatures/authorisations

- Have you signed the Employee's authority and declaration section on page 2?
- Have you completed and signed the electronic funds transfer (Q44)?

Attachments

- Have you attached a *Medical certificate for compensation*? This needs to be completed by a legally qualified medical practitioner such as your doctor or medical specialist and includes the diagnosis and causation of your condition.
Or
- If you are claiming for chiropractic, physiotherapy, dentistry or osteopathic treatment only and not for time off work, have you attached a certificate from the practitioner who is performing this treatment?
- Have you written and attached an additional list of medical practitioners related to your claim, not already included on this form (Q27-32)?
- Have you completed and attached the *Journey form* for injuries that occurred whilst travelling for work purposes?
- For psychological injury claims, have you included a statement outlining the events that occurred in support of your claim?
- Have you attached any other information you think is relevant to determining this claim? Please note that any statements must be signed and dated.
- Have you attached an additional list for any other similar injury or condition that you have claimed for in the past (Q34)?

Next steps

Keep a copy of your claim form and a record of the date you gave the claim form and medical certificate to your employer. If you have not filled out this form with your employer, please give the completed form and all your attachments to your employer to finalise and lodge with Comcare.

Employer to complete

You must complete and return this form within five working days of receiving it from your employee.

1. Agency name

2. Name of agency rehabilitation case manager

3. Agency contact details

Street	
Suburb	
State	Postcode
Phone	
Email	

4. Alternative contact name and details

Name	
Street	
Suburb	
State	Postcode
Phone	
Email	

5. Employee AGS or payroll number

AGS	Payroll
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6. Your reference number for this claim or employee

7. Liable cost centre number*

8. Payroll cost centre number

*A cost centre number must be provided. Please consult your HR or internal injury management team for this information.

9. Do you intend to provide a statement of facts (i.e. additional information related to the employee's claim)?

Yes No

If you wish to provide additional facts for Comcare to consider in determining this claim, please attach a signed and dated statement or ensure that you provide one **within five working days** of receiving this form from your employee. Further information and a statement template are available at www.comcare.gov.au/employerstatement

10. When were you first notified of your employee's injury/illness?

11. When did you receive this claim from your employee?

12. At the time was their employment

Voluntary Temporary Permanent

13. Before your employee became injured/ill, what were their standard weekly working hours?

14. Date your employee started work with you

15. How long were they in this role prior to injury?

Years	Months
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16. At the time of the injury/illness, what was the employee's job title and their main duties (please include travel if relevant)?

Title
Main duties

17. At the time was the employee an

Apprentice Trainee Neither

18. Has your employee had any time off work as a result of the injury/illness?

Yes No

19. Has your employee returned to work since their injury/illness?

Yes No

20. Is the employee still employed with you?

Yes No

21. Is the employee still employed by the Australian or ACT government? If not, what date did their employment cease?

Yes No ▶

If the employee is claiming for time off work you will need to complete the separate *Claim for time off work form* www.comcare.gov.au/timeoffwork

22. Employer's authorisation



This form is to be signed by a manager with line management responsibility for the employee at the time they were injured or became ill.

Name

Position

Phone

Email

I have read the information I have provided in this form and in any attachments, and declare it is true and correct.

Signature

Date

Once completed and signed, please return this document and attachments to general.enquiries@comcare.gov.au. Alternatively you can post your documents to: Comcare, GPO Box 9905, Canberra ACT, 2601.

