

# Worker's Injury Claim Form



## As the worker you need to:

- Answer all of the questions in Part A of this form using a dark blue or black pen, except for question 7 which your employer will complete. The form may be returned to you if it is incomplete
- Sign the authority to release medical information and worker's declaration on page 5. The form cannot be accepted without your signature
- Keep a copy of all documents for your records
- Notify your employer as soon as possible that you've been injured at work, and complete the injury register at your workplace
- Report the accident to the police if your injury was the result of a motor vehicle accident. Otherwise your claim may not be valid
- Give this form (when completed) to your employer as soon as possible after being injured. If you have difficulty giving this claim to your employer, or your employer refuses to take receipt of the claim form, you can lodge it directly on the Agent or WorkSafe Victoria (WorkSafe) if the Agent is not known
- See your medical practitioner to obtain a WorkSafe Certificate of Capacity (medical certificate) if you are unable to work and want to claim weekly payments, and give the original copy to your employer along with this form. It is a good idea to check that all of the injuries or illnesses that you are claiming for on this form are listed on the WorkSafe Certificate of Capacity
- Note that if your claim is accepted, WorkSafe can pay the reasonable costs of medical and like expenses. However, this may not mean payment of the full costs. **In some cases there may be a gap between what the provider charges you and what WorkSafe can pay as reasonable costs.** If you want to know the reasonable costs for a particular service, visit the WorkSafe website at [worksafe.vic.gov.au](http://worksafe.vic.gov.au)
- Read the statement on page 7 that explains how your personal and health information will be collected and used and how your weekly payments will be calculated if your claim is accepted.

## Getting back to work

- Talk with your employer to plan your return to work
- Talk to your medical practitioner or healthcare provider about what parts of your work you could do and any limitations you have. You can also encourage your medical practitioner or healthcare provider to talk to your employer about your capacity for work and any suitable duties that may be available
- Talk to the Agent about what support is available to help you return to work and overcome your injury as quickly as possible.

## For help completing this form or for more information contact:

- Your employer or the nominated Return to Work Coordinator at your workplace
- Your employer's WorkSafe Agent - to find out who the Agent is, check the If you are injured poster or call the WorkSafe Advisory Service
- WorkSafe Advisory Service - the WorkSafe call centre: freecall 1800 136 089
- Your union, or Union Assist - a free service set up and run by the Victorian Trades Hall Council: (03) 9639 6144

## Information in your language



For translated information and resources visit [worksafe.vic.gov.au/choose-your-language](http://worksafe.vic.gov.au/choose-your-language), or call 131 450 to speak to WorkSafe with an interpreter.

## Further information for workers - What your Agent will do

The WorkSafe Agent will write to you and advise you if your claim is accepted.

A decision to accept or reject your claim will usually be made within 28 days from the date the Agent received your claim.

## Provisional payments for a mental injury

If your claim includes a mental injury, the Agent will also decide if you are entitled to provisional payments, a decision that will usually be made within five business days of you providing your claim form to your employer. If you are entitled, the reasonable costs of medical treatment and services can be paid while we decide if the claim will be accepted. If your claim is accepted, we will continue to cover these costs in accordance with workers' compensation legislation. If your claim is rejected, we will continue to cover these costs for up to 13 weeks.

To find out more about making a claim, and what support is available to help you return to work, talk to your Agent, refer to the brochure Introducing WorkSafe, A guide for injured workers, or visit the WorkSafe website at [worksafe.vic.gov.au](http://worksafe.vic.gov.au)

## As the employer you need to:

- Complete and sign Part A (question 7) and Part B of this form using a dark blue or black pen. Alternatively, you can download the form as a PDF, complete, print and sign. Visit [worksafe.vic.gov.au/resources/workers-injury-claim-form](https://www.worksafe.vic.gov.au/resources/workers-injury-claim-form)
- Forward these documents within the timeframes below or you may be financially penalised
- Confirm to the worker in writing that they have notified you of this claim (you can do this by giving them a copy of this form when signed and completed).

### If the claim includes a **mental injury**



Then within **3 business days** of receiving the claim, you must forward to your Agent:

- the Worker's Injury Claim Form Part A (early notification)



Also, within **10 calendar days** of receiving the claim, you must forward to your Agent:

- the Worker's Injury Claim Form Part B
- any Certificates of Capacity
- the Employer Injury Claim Report (optional)

### If the claim is for a **physical injury only** and:

- includes weekly payments; **or**
- is above the medical excess; **or**
- is expected to exceed the medical excess; **or**
- you are disputing liability



Then within **10 calendar days** of receiving the claim, you must forward to your Agent:

- the Worker's Injury Claim Form Parts A and B
- any Certificates of Capacity
- the Employer Injury Claim Report (optional)

### If the claim is for a **physical injury only** and:

- doesn't include weekly payments; **and**
- is below the medical excess; **and**
- is not expected to exceed the medical excess; **and**
- you are not disputing liability



Then within **120 calendar days** of receiving the claim, you must forward to your Agent:

- the Worker's Injury Claim Form Parts A and B

## If the claim is accepted:

- Pay your worker weekly payments if their claim is accepted and they have an entitlement

## Getting your worker back to work

- Support your worker to plan their return to work (if required)
- Provide your worker with suitable employment when they have a capacity to work
- Provide your worker with pre-injury employment when they have recovered and no longer have an incapacity for work
- Appoint a Return to Work Coordinator who is competent to support the worker's return to work.

## Further information for employers

### Claims with a mental injury – Early notification required

- If the claim includes a mental injury (with or without a physical injury), to avoid financial penalties, you need to:
  - Forward Part A of this form (early notification) to your Agent, including your completed and signed question 7, no later than **three business days** after receiving it from the worker, and
  - Forward your completed and signed Part B of this form, and any WorkSafe Certificates of Capacity, to your Agent no later than **10 calendar days** after receiving Part A from the worker
- If the claimant is not your worker, this form must still be forwarded to your Agent. Please provide evidence of the claimant not being your worker to your Agent, by attaching it to Part A of this form.
- WorkSafe also encourages employers to provide early notification (Part A of this form) for physical injury claims.
- If you are a self-insurer, Parts A and B must be completed and a determination about entitlement to provisional payments must be made within 5 business days.

# Worker's Injury Claim Form Part A

As the **worker**, you need to complete questions 1 to 6 on Part A of this form.

As the **employer**, you need to complete:

- Part A question 7, and
- Part B question 8.

## 1. Worker's personal details

Title	Family name
Given names	

Other known or previous legal names e.g. Maiden name

Date of birth  Gender Male  Female

Residential street address

Suburb  State  Postcode

Postal address for correspondence

What are your daytime contact phone numbers?

Mobile	Work	Home
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

Please read the information on "Communicating with you" on page 7 and indicate below if you agree to WorkSafe sending you personal and health information relating to your claim via email and SMS.

I agree  I do not agree   
(WorkSafe will communicate with you via post)

If you need an interpreter, what language do you speak?

Do you have special communication needs because of disability?  
 e.g. Hearing or vision impairment

This form can be used to lodge a workers' compensation claim in Victoria. Complete this form using a dark blue or black pen. Alternatively, you can download the form as a PDF, complete, print and sign. Visit [worksafe.vic.gov.au/resources/workers-injury-claim-form](https://www.worksafe.vic.gov.au/resources/workers-injury-claim-form)

## 2. Incident & worker's injury details

Is your injury: A physical injury  A mental injury

You can tick **one or both** options above.

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

What happened and how were you injured?

What task/s were you doing when you were injured?

What area of the worksite were you working in when you were injured?

What is the street address where the incident occurred?

Name of employer responsible for this workplace

Which of the following incident circumstances apply?

- 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

If your injury was the result of driving or using a motor vehicle or the use of public transport, please provide the following details:

The police station the accident was reported to

Registration number/s of involved vehicles State

<input type="text"/>	<input type="text"/>
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Do you believe that your injury/condition was caused or contributed to by a third party such as a manufacturer or supplier?  
Please give details if relevant

  

What was the date and time the injury/condition occurred?

Date	Time	AM	PM
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When did you first notice the injury/condition?

If you stopped work, what was the date and time?

Date	Time	AM	PM
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When did you report the injury/condition to your employer?

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 numbers

  
  

### 3. Worker's employment details

Name of organisation paying your wages when you were injured

Street address of your usual workplace

  

Suburb State Postcode

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Name and daytime phone number of employer contact

e.g. Name of Return to Work Coordinator

What is your usual occupation? What do you do?

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

Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Casual	<input type="checkbox"/>	Student	<input type="checkbox"/>
Apprentice	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Contract	<input type="checkbox"/>	Trainee	<input type="checkbox"/>
Agency worker	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>
Seasonal	<input type="checkbox"/>	Jockey	<input type="checkbox"/>				

Other

When did you start working for this employer?

Please indicate if any of the following apply to you:

A director of my employer's company	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A partner in my employer's company	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A sole trader	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A relative of my employer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

  

### 4. Worker's primary earning details

Please complete these questions if you wish to claim for weekly payments

How many standard hours did you work each week before being injured? Exclude overtime

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 & shift allowances

What were your usual pre-tax weekly earnings?\*

Exclude overtime & shift allowances

\* Please provide copies of any recent payslips (if available)

Please provide details of any overtime or shift work

Weekly shift allowance:

Weekly overtime (hours):

## 5. Treatment & return to work details

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 with your employer, what was the date?

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What duties are you doing? Full  Suitable/Modified

How many hours are you working each week?

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Have you returned to work with a new employer?

Please provide the name and contact details of the new employer


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


When did/will you give your employer this claim form?

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How did/will you give this claim form to your employer?

Hand delivery  By post

When did/will you give your employer the first medical certificate?

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## 6. 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 service or hospital service to me in connection with an injury/condition to which this claim relates to provide upon request by the workers' compensation authority, my employer or insurer/claims agent or any committee established under legislation to advise the workers' compensation authority, 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 or any period where I am entitled to provisional payments.

Please note that there are penalties for providing false or misleading information in relation to this claim.

Worker's signature

Date

Sign here
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DD/MM/YYYY
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## 7. Employer details

### Employer to complete

This question is required to be completed on all claims

### Claims with a mental injury – Early notification required

If the worker has indicated they have a mental injury (question 2), you must complete and forward Part A of this form to your Agent within **three business days** of receiving it from the worker.

While we encourage you to forward Part B together with Part A, you can choose to forward Part B separately but you **must forward Part B no later than 10 calendar days** after receiving Part A from the worker.

Are you forwarding Parts A and B together?\*

Yes

**If you tick this box:** the claim determination timeframe of 28 days will commence upon the Agent receiving both Part A and Part B from you.

**If you do not tick this box:** You are required to forward Part B within 10 calendar days of receiving Part A from your worker. The claim determination timeframe of 28 days will commence from the date the Agent receives Part B from you.

Please tick below if you have attached the following evidence to this form. I have attached evidence of:

(a) the worker not being my worker

(b) the claim being a duplicate claim

Please tick one or more where appropriate.

WorkSafe also encourages employers to provide early notification for physical injury claims.

\* If you are a self-insurer, you do not need to answer this question.

When did you first receive the worker's completed claim form?

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Date forwarded to Agent:

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Employer's signature

Date

Sign here

DD/MM/YYYY

Name

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Position

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Employer's scheme registration number

e.g. WorkCover Employer, Policy, or Employer Registration Number

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# Worker's Injury Claim Form Part B

Part B is compulsory for all claims and must be completed by the employer and forwarded to the Agent no later than 10 calendar days after receiving the worker's completed Part A.

Complete this form using a dark blue or black pen. Alternatively, you can download the form as a PDF, complete, print and sign. Visit [worksafe.vic.gov.au/resources/workers-injury-claim-form](https://worksafe.vic.gov.au/resources/workers-injury-claim-form)

If you as the employer do not forward these documents in time, you may be financially penalised.

## Employer requirements



## 8. Additional employer details

Worker family name

Worker given names

Worker date of birth

What is the claim number for this claim (if known, for mental injury claims)?  
 Claim number

When did you first receive the worker's medical certificate?

Date forwarded to Agent

Estimated cost of claim to date

How many days have been lost?  

Days	Hours

Employer's Signature

Date

Name

Position

Employer's scheme registration number  
 e.g. WorkCover Employer, Policy, or Employer Registration Number

### Further information for employers - Employer Injury Claim Report

The Employer Injury Claim Report is an official document you, as the employer, should complete and send to your Agent. It is a record of your details, your worker's details, particulars of the incident, and an opportunity for you to provide additional information, such as disputing liability.

WorkSafe encourages employers to complete this report. This report should be provided to the Agent with Part B, within 10 calendar days of you receiving the Worker's Injury Claim Form Part A. Please visit [worksafe.vic.gov.au](https://worksafe.vic.gov.au) to download the report.

## Worker's Injury Claim Form

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

In processing your claim, the Victorian WorkCover Authority (WorkSafe) and any WorkSafe Agent acting for WorkSafe in relation to your claim may collect personal and health information about you. WorkSafe and its Agents are required by law to ensure that all people about whom they collect personal and health information are provided with the following information:

WorkSafe is a body corporate established under the Victorian workers' compensation legislation. Agents are appointed by WorkSafe under that legislation to act on its behalf in managing workers' compensation policies and claims for compensation.

Personal and health information about you is collected 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 WorkSafe or your employer's Agent. Personal and health information collected about you is used for the purpose of processing, assessing and managing your claim and to verify any evidence you may submit in support of the claim. The information may also be used for one or more of the purposes listed in Victorian workers' compensation legislation for the purposes of legal proceedings arising under that legislation, to assist with your rehabilitation and return to work and to assist WorkSafe and Agents to better manage claims generally.

For the purposes of processing, assessing and managing your claim, WorkSafe and your employer's Agent may disclose personal and health information about you to each other and to the following types of organisations:

- Employees, contractors and agents of WorkSafe and Agents
- Your employers
- Solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of WorkSafe or the Agent in relation to the claim
- The Workplace Injury Commission and Medical Panels
- Any committee established under legislation to advise WorkSafe
- A court or tribunal in the course of criminal proceedings or any proceedings under any of the Acts which WorkSafe administers
- Any other person, organisation or government agency authorised by you, or by law, to obtain the information.

Collection of this information may be required by Victorian workers' compensation legislation. If you do not provide any part or all of this information, your claim may not be accepted or processed. You may request access to personal and health information about you collected by WorkSafe or your employer's Agent by contacting your employer's Agent.

### Communicating with you

WorkSafe may use your email address or mobile telephone number for any purpose for which you provide it, including to send you personal and health information relating to your claim. Email and SMS are convenient and consistent methods of communication, but you should understand that they are not completely secure and there is a risk that they could be intercepted, read or modified by others or sent to an incorrect address. If you have any questions, or if you would like to update your contact details or change your preferences for how WorkSafe communicates with you, please contact us via the "Contact us" page on the WorkSafe website: [worksafe.vic.gov.au](http://worksafe.vic.gov.au).

WorkSafe's policies for managing personal and health information are set out in its Privacy Policy, which is available from your nearest WorkSafe office or at the WorkSafe website at [worksafe.vic.gov.au](http://worksafe.vic.gov.au). Information relating to your right to access your WorkSafe claim information is also available at the website.

(\*References to 'your claim' include any provisional payments you may be entitled to. If your employer is an approved self-insurer, references to 'WorkSafe' and 'Agent' should be read as if they were references to 'self-insurer' and 'approved agent of a self-insurer'.)

### Calculating your entitlement to weekly payments

Weekly payments are calculated based on your pre-injury average weekly earnings (PIAWE), generally in the 52 weeks before your injury. If you have been with your employer for less than 52 weeks, your PIAWE will be your average weekly earnings in the period of actual employment.

#### What information your employer needs to provide about your earnings

To enable the WorkSafe Agent to calculate your PIAWE, your employer will need to provide details of the following payments made to you in the past 52 weeks of your employment, or if that was less than 52 weeks, in the period of your actual employment.

- Base rate of pay
- Overtime and shift allowances
- Piece rates, tally bonuses and commissions
- Non-pecuniary benefits including residential accommodation, use of a motor vehicle, payment of health insurance or payment of education fees
- Any salary sacrifice arrangements

Your employer will also need to tell the Agent if, in the 52 week period before the injury, your earnings increased due to a promotion, or if they decreased due to you voluntarily reducing your hours or changing the nature of your work with the employer.

If your earnings include any other items not listed above, please discuss this with your Agent.

## Further information

### WorkSafe Agents

Agent contact details are all available at  
[worksafe.vic.gov.au/agents](https://worksafe.vic.gov.au/agents)

### WorkSafe Advisory Service

Advisory hours: Monday to Friday 7:30am - 6:30pm

Phone.....(03) 9641 1444

Toll-free.....1800 136 089

Email.....[info@worksafe.vic.gov.au](mailto:info@worksafe.vic.gov.au)

24/7 Emergency .....13 23 60

Website.....[worksafe.vic.gov.au](https://worksafe.vic.gov.au)

### Deaf, hearing or speech impaired

Helpdesk hours: Monday to Friday 8am - 6pm EST

National Relay Service.....1800 555 660

SMS.....0416 001 350

Email.....[helpdesk@relayservice.com.au](mailto:helpdesk@relayservice.com.au)

### Information in your language



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call 131 450 to speak to WorkSafe with an interpreter.