

Notification of Workplace Injury

Fax to: _____ Fax No: _____
From: _____ Date: _____ / _____ / _____

Name of Employer: _____ Policy No: _____
Business Address: _____ Post code: _____
Employer's Contact Name: _____ Phone: _____
Contact Email: _____ Fax: _____

Cost Centre (if known) _____ Date Employer Notified: _____ / _____ / _____
Worker's Name: _____ Sex: M F
Address: _____ Post code: _____
Phone No: _____ Permanent Casual DOB: _____ / _____ / _____
Interpreter required? No Yes Language: _____ Work Status F/T P/T

Occupation: _____ Hrs/week: _____

Award /Enterprise Agreement: _____

Main Tasks: _____ Award Rate: \$ _____

How did the injury occur: _____ Pre Injury Avg Weekly Earnings: \$ _____

Diagnosis (e.g. Back strain): _____ Injury Date: _____

Accident Location: _____ Injury Time: _____

Name of Treating Doctor or Hospital: _____ Phone/Fax: _____ / _____

Medical Cert from: _____ / _____ / _____ Medical Cert to: _____ / _____ / _____ Incapacity: Total Partial

Is worker currently off work? No Yes Date Ceased: _____ / _____ / _____ Date RTW Partial: _____ / _____ / _____

Date RTW Normal: _____ / _____ / _____ Expected RTW Date: _____ / _____ / _____

Comments: _____

Notifier's Name: _____ Contact No: _____
Relationship to worker or employer: _____

Note: _____

1. An injured worker must notify the employer that the worker has received a workplace injury as soon as possible after the injury happens.
2. The employer of an injured worker must notify the insurer within 48 hours after becoming aware that a worker has received a workplace injury or illness where workers compensation is or may be payable.