

Notification of Injury / Illness

Incident Only ☐ Treatment Only ☐ Time Lost from Work ☐

1. Injured Workers Details

Claim number Name Gender ☐ Male ☐ Female Date of birth / / Address Postcode Home phone Mobile phone Occupation

2. Injury Details

Date of injury / / Date ceased work Has employee returned to work? (full duties) ☐ Yes ☐ No Date / / Returned on selected duties ☐ Yes ☐ No Date / / Is employee still unfit for work? ☐ Yes ☐ No Anticipated return date / / Nature of injury / illness Described how the injury/ illness happened

3. Treatment Details

Drs name Or Hospital Address Phone number Fax

4. Employers Comments

Policy number Business name (as per policy) Address Postcode Telephone Employers fax Date employee notified employer of injury / illness / / Cost centre Date Rehabilitation Co-ordinator notified of injury / illness Employer contact / Name of person notifying of injury Notifiers' relationship to worker / employer Phone / Fax Email Wage rate (\$ per week) Award hours worked per week (Max 40) Comments Employer signature