State Insurance
Regulatory Authority

NSW GOVERNMENT

Worker's injury claim form

Effective 20 October 2026

Complete this form to make a workers compensation claim for weekly payments and medical, hospital and rehabilitation expenses.

If you are injured at work, you may be eligible to receive weekly payments and claim the costs of some or all medical treatments and services.

Before completing this form, you should:

- tell your employer you have been injured at work, and
- visit your doctor to obtain a Certificate of capacity or medical certificate.

How do I complete this form?

This form asks questions about you, your employment, the injury and how it happened to help the insurer assess your claim. This form also asks about your treatment, doctor and your return to work to help the insurer and your employer support your recovery.

You should answer the questions on this form as completely as you can.

The information you provide on this form may impact your workers compensation claim.

Form contents

1. About you
2. Your job and employer
3. What happened
4. Your injury
5. Your doctor
6. Your earnings
7. Your return to work
8. Your personal and health information
9. Your declaration and authority to release health information.

For all claims, you will need to:

- Complete sections 1, 2, 3, 4, 5, 7, 8 and 9.
- Provide a Certificate of capacity or medical certificate.
- Sign the declaration on page 12 before submitting the form.

If you have had time off work due to the injury you must also complete section 6, and provide evidence of earnings, such as payslips or bank statements.

Who can I contact if I need help completing this form?

If you need help lodging a claim, contact your employer's insurer in the first instance.

You can also seek help from the SIRA Customer Service Centre on 13 74 72 or your union representative.

What if I run out of space when I complete the questions?

If you need more space to complete questions, you can use the additional free text box on page 13 of the form, or you can provide additional documents with your form.

Who do I send the completed form to?

Make a copy of this completed form for your records and send the completed form to your employer or to your employer's insurer.

If you are unable to contact your employer or they do not tell you their insurer, you can contact the Independent Review Office (IRO) on 13 94 76 or via email to contact@iro.nsw.gov.au.

Provide the following supporting documents with this claim form:

- ☐ Signed Certificate of capacity or medical certificate from your doctor.
- ☐ Evidence of earnings, if you have had time off work for the injury. For example, pay slips or bank statements.
- ☐ Receipts for any medical treatment or medication that you have paid for.
- ☐ Supporting documents or statements, if available. For example, witness statements, reports made to your employer or police reports.

What happens after I submit the form?

Your employer's insurer will contact you to discuss any payments you may be entitled to if you need time off work, are working reduced hours and/or need medical treatment.

They will also contact your employer and, if necessary, your nominated treating doctor to determine how best to support your recovery and return to work.

When should I contact the IRO?

The Independent Review Office (IRO) handles complaints about the conduct of insurers that affects a person's rights or entitlements. You may also be eligible to get independent legal assistance from an independent approved lawyer if you have a dispute with your insurer. Lodge a request using the online form at www.iro.nsw.gov.au or contact IRO by phone at 13 94 76.

Information for employers

An employer has a duty to:

- send this completed form and any attachments to the insurer within 7 days of receiving it
- pay the worker their weekly payments if their claim is accepted
- offer suitable employment to the worker
- remain in contact with the worker and their treating doctor to create a return to work plan.

Section 1: About you

This section asks questions about you, the person who was injured at work.

Family name

Given name(s)

Other known or previous legal names

Date of birth (DD/MM/YYYY)

Gender (for example, male, female, non-binary, prefer not to say)

Contact email address

Claim number (if already known)

Daytime contact number

Mobile number

Home address (must **not** be a PO Box)

Suburb

State

Postcode

Postal address (if different from home address)

Do you need an interpreter to assist you with your claim? If yes, what language do you speak? (optional)

Do you have other special communication needs? For example, due to hearing or vision impairment.

Section 2: Your job and employer

This section asks questions about your employer, the occupation, role or job that you are employed to do, and your employment status.

Employer name

When did you start working for this employer? (DD/MM/YYYY)

Street address of your usual workplace

Suburb

State

Postcode

Name of employer contact
(Your return to work coordinator or line manager)

Daytime employer contact number

What is your usual occupation, role or job title?

Section 2: Your job and employer (continued)

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

- ☐ Full-time
- ☐ Part-time
- ☐ Apprentice
- ☐ Volunteer
- ☐ Fixed-term contract
- ☐ Trainee
- ☐ Agency worker
- ☐ Independent contractor
- ☐ Permanent
- ☐ Temporary
- ☐ Seasonal
- ☐ Jockey
- ☐ Casual
- ☐ Student
- ☐ Other

Please indicate if any of the following apply to you (Please tick all relevant boxes)

- ☐ **A director of my employer's company**
- ☐ **A partner in my employer's company**
- ☐ **A sole trader**
- ☐ **A relative of my employer**

Section 3: What happened

This section asks about the incident or accident that caused the injury.

A work injury may be caused by a single incident (for example, falling from a ladder) or from repeated incidents over time (for example, from repeated heavy lifting).

When did the incident occur?

Date (DD/MM/YYYY)

Time (AM/PM)

If more than one incident caused your injury, over what time period did the incidents occur?

What happened and how were you injured?

What task(s) were you doing when you were injured?

Section 3: What happened (continued)

Did the incident(s) occur at your usual workplace (as identified in Section 2)? ◯ Yes ◯ No

If no, what is the street address of where the incident(s) occurred?

Name of employer responsible for this workplace, if known (if different from your employer listed earlier in the form)

How is this location connected to your work? (For example, is it a usual place of work, a site you were required to attend for training or other purposes, or a site you were attending for a work-related event.)

Did anyone witness the incident(s) or events that led to your injury? ◯ Yes ◯ No

If yes, please provide their full name(s) and daytime contact details.

Have you reported the incident that led to your injury to SafeWork NSW, the NSW Police or any other relevant agency? ◯ Yes ◯ No

If yes, please provide the name of the agency and any matter number, event number or completed report (if you have one).

Do any of the following circumstances apply? If yes, please select all that apply.

- ☐ A motor vehicle crash while you were working*
- ☐ While working at your usual workplace
- ☐ During a meal-break or authorised recess at work
- ☐ While away from work during a recess*
- ☐ While working away from your usual workplace
- ☐ Travelling to or from work*

*If you were injured away from work, during a recess, travelling to or from work, or in a motor vehicle accident, you may also need to complete the Other work related injury claim form.

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

The police station the crash was reported to

Registration number(s) of involved vehicles

Section 4: Your injury

This section asks further questions about your injury. A physical injury is damage (or harm) to the body. A psychological injury is mental harm affecting thoughts, emotions, or behaviour.

- **Complete 4A** if you have a physical injury.
- **Complete 4B** if you have a psychological injury.

You must complete **both** sections 4A and 4B if you have both a physical and psychological injury arising from the same incident(s).

Is your injury a physical injury or psychological injury?

◯ **Physical injury**
Complete section 4A

◯ **Psychological injury**
Complete section 4B

◯ **Both physical and psychological injury**
Complete both sections 4A and 4B

4A: Physical injury

You must complete this section if one of your injuries is a physical injury.
If your injury is a psychological injury only, please leave this section blank and instead complete section 4B – Psychological injury.

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

When did the injury occur?

Date (DD/MM/YYYY)

Time (AM/PM)

When did you first notice the injury?
(DD/MM/YYYY)

When did you report the injury to your employer?
(DD/MM/YYYY)

What is the name and position of the person you reported the injury to?

If you did not report the injury, or there was a delay, please explain why.

Have you made a previous claim for another injury that relates to this injury?
Please give details, including claim number(s) and insurer details.

4B: Psychological injury

You must complete this section if one of your injuries is a psychological injury.

For most workers, psychological injuries are only compensable if they have been caused by one (or more) of the following **relevant events**. Note the definitions of the relevant events can be found on page 13.

- **Bullying**
- **Racial harassment**
- **Sexual harassment**
- **Excessive work demands**
- **An act of violence or a threat of violence**
- **Witnessing a traumatic incident happen** which involved or likely involved death or serious injury
- **Death of a person in your care from a traumatic incident**
- **Being subjected to serious criminal conduct**, such as assault or robbery
- **Witnessing a dead or seriously injured person at the scene of a traumatic incident**
- **Experiencing vicarious trauma** from repeated exposure in your work duties to traumatic experiences of others

The insurer will use the information you provide to assess your claim. Please provide as much relevant information as you reasonably can.

You are encouraged to seek advice before submitting this form. Contact your employer's insurer in the first instance. You can also get help from the SIRA Customer Service Centre on 13 74 72 or your union representative.

What is your psychological injury?
Please attach a copy of your Certificate of capacity or medical certificate which specifies your injury or condition.

When did the injury occur?

Date (DD/MM/YYYY)

Time (AM/PM)

If your injury or condition developed over time, when did you first notice the injury? (DD/MM/YYYY)

When did you report the injury to your employer? (DD/MM/YYYY)

What is the name and position of the person you reported the injury to?

If you did not report the injury, or there was a delay, please explain why.

Have you made a previous claim for another injury that relates to this injury?
Please give details, including claim number(s) and insurer details.

4B: Psychological injury (continued)

You must answer the following questions in this section if you are making a claim for a psychological injury caused by bullying, sexual harassment, racial harassment or excessive work demands.

In the following questions, the "conduct" means the bullying, sexual harassment, racial harassment or excessive work demands that you were subjected to.

Police officers, firefighters and paramedics do not need to complete these questions.

Describe the conduct that caused your psychological injury.

Include as far as is reasonably practicable:

- specific details of the conduct
- how many times the conduct occurred
- the person or people involved in the conduct
- examples of specific instances of the conduct including the date, time and location of the conduct.

4B: Psychological injury (continued)

Please explain the relationship between the conduct and your employment. (For example, did it occur at your workplace, were the people involved in the conduct other employees or the employer's customers or clients.)

Have you commenced proceedings on this matter in another court or tribunal? ◯ Yes ◯ No
For example, in the Industrial Relations Commission or Fair Work Commission.

If yes, please provide the proceedings case number, details of your legal representative (if you have one) and details of any orders made by the court or tribunal.

Section 5: Your doctor

This section asks you to choose a treating doctor and to provide details of other medical providers who have treated your injury. Your nominated treating doctor will work with the insurer, employer, and other treatment providers to manage your injury.

Who is your nominated treating doctor?

Name

Phone

Address and practice name of your nominated treating doctor (if applicable)

Have you been treated for your injury by any other medical provider or at any other clinic or hospital? ◯ Yes ◯ No

If yes, please provide the name, clinic or hospital, and contact details.

Note: If you have already paid for any medical treatment for your injury, please provide your receipts to the insurer with this form for review.

Section 6: Your earnings

If you have had time off from work due to your injury and this has reduced your usual earnings you may be entitled to weekly payments. To help the insurer calculate weekly payments, this section asks questions about any time off you had and about your pre-injury earnings.

Did you have to have time off work because of your injury? ◯ **Yes** ◯ **No** - Skip to section 7

If yes, what was the date you last attended work, before taking time off? (DD/MM/YYYY)

If you have returned to work, what date did you return to work? (DD/MM/YYYY)

If you have not returned to work yet, please leave this question blank.

Pre-injury earnings

If you have already completed a Calculating pre-injury average weekly earnings (PIAWE) form, you do not need to answer these questions again and can go to section 7.

Note: Police officers, firefighters and paramedics do not need to complete these questions. Earnings information for police officers etc can be provided on the next page.

How many hours did you work each week on average before being injured?

What was your hourly rate? (Before tax and deductions) $

What were your average earnings per week? (Before tax and deductions) $

Please attach copies of any recent payslips with this form (if available).

Have your employment circumstances changed in the past year? For example, moved from part time to full time, or had a pay increase? ◯ **Yes** ◯ **No**

Did you have any other employment at the time you were injured? ◯ **Yes** ◯ **No**

If yes, please provide or attach the names of any other employers and their contact details, and any relevant wage or payment records.

These questions are for police officers, firefighters and paramedics ONLY

Do you support a partner or spouse financially? For example, wife/husband/defacto relationship ◯ **Yes** ◯ **No**

If yes, what were their average gross weekly earnings in the past 3 months? $

Do you financially support any children under the age of 18, or over the age of 18 in full-time study? ◯ **Yes** ◯ **No**

If yes, please provide the date of birth for each child (DD/MM/YYYY)

Section 7: Returning to work

If you have returned to work with your employer, what duties are you doing?

◯ **Full/pre-injury duties** ◯ **Suitable/modified duties**

How many hours are you working per week?

Have you returned to work with a new employer?

If you have 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, please describe anything that is making it difficult for you to return.

Section 8: Your personal and health information

This section explains how and why the insurer may collect personal and health information about you, how you can access your information and how your information may be collected and used or disclosed to other parties.

In processing your claim, your insurer may collect personal and health information about you.

Collection of this information may be required by the *Workplace Injury Management and Workers Compensation Act 1998* and the *Workers Compensation Act 1987*. If you do not provide any part or all of this information, your insurer may not accept or process your claim.

How information is collected

Personal and health information is collected about you 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, current, previous and future 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 your insurer.

Section 8: Your personal and health information (continued)

How your information is used

Personal and health information is collected for the purposes of enabling your insurer to process, assess and manage your claim and to verify any evidence you may submit in support of a claim.

Your information may also be used for the purposes of legal proceedings arising under the *Workplace Injury Management and Workers Compensation Act 1998* or the *Workers Compensation Act 1987*, to assist with your rehabilitation and return to work and to assist your insurer to better manage claims generally.

For the purposes of processing, assessing and managing your claim and for the purpose of any complaint or enquiry made by you to any authority, your insurer, SIRA and the Independent Review Office (IRO) may disclose personal and health information about you to each other and to the following organisations and types of organisations:

- employees, contractors and agents of SIRA and insurers
- your employers
- other individuals named in the claim form
- solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of icare or an insurer in relation to the claim
- the Personal Injury Commission and medical assessors
- a court or tribunal in the course of proceedings under any of the Acts administered by SIRA
- any other person, organisation or government agency authorised by you, or by law, including the IRO, Industrial Relations Commission, and their employees or agents, to obtain the information.

How to access your information

You may request access to personal and health information about you collected by your insurer. You may also request the correction of any errors in the personal or health information held by your insurer.

Section 9: Your declaration and authority to release medical information

You must sign this declaration before submitting your claim.

Please review and agree to each statement below and sign and date the form.

- ☐ I have read the information provided in this form and declare that the information 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 making 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 understand that the information I have provided in this form will be used by the insurer to assess liability for the claim I have made, and that this will include sharing the information with my employer and/or other named individuals.
- ☐ I authorise and consent to any person who provides a medical, hospital or related treatment or service to me in connection with the claimed injury to provide upon request by my insurer/claims agent, any information regarding the service relevant to the claim.
- ☐ I authorise and consent to the collection, disclosure and use of any personal and health information in connection with an injury/condition to which the claim relates by SIRA, my employer or insurer/claims agent to each other, or to any person who provides a medical, hospital or related treatment or service to me in connection with an injury/condition to which this claim relates.
- ☐ I understand that my authority has effect for the duration of this claim.
- ☐ I understand that if this claim results in my receiving weekly compensation payments, I am required to notify whomever is paying my benefits if I commence employment with some other person or in my own business, or of any change in my employment that affects my earnings, and that failure to do so is an offence.

Worker's signature

Date (DD/MM/YYYY)

Additional information in relation to your claim

Please use this text box if you need more space to complete any of the form sections. Clearly label which section the additional information relates to (e.g. Section 3 continued:). Alternatively, you can provide additional documents with your form.

Addendum

For a primary psychological injury to be compensable, the injury must be caused by one (or more) of the following **relevant events**:

- being subjected to an **act of violence or the threat of violence**, such as the worker being assaulted or threatened with harm
- being subjected to **serious (indictable) criminal conduct**, such as robbery or arson
- **witnessing a traumatic incident or witnessing a dead or seriously injured person at the scene following a traumatic incident.**

  A traumatic incident means any of the following where the incident results in, or is likely to result in, death or serious injury:

  - an act of violence,
  - indictable criminal offence (e.g. serious criminal conduct),
  - a natural disaster, fire or explosion,
  - a motor accident or other accident.

  A traumatic incident also includes a suicide or attempted suicide. It also includes where the incident results in the death of a person as a result of an act that is grossly negligent or reckless.
- the **death of a person in the worker's care**, where:
  - the death is the result of a traumatic incident, and
  - there is a real and direct connection between the traumatic incident and the worker's employment, and
  - the person who dies is under the immediate and primary care of the worker, at or near the workplace, at the time of the traumatic incident, and
  - the relationship between the worker and the person who dies is pre-existing, ongoing and close, and
  - the relationship is a requirement of the worker's employment
- experiencing **vicarious trauma** where a worker is repeatedly exposed to the traumatic experiences of others as part of their employment
- being subjected to **bullying** where an individual or a group of individuals repeatedly behave unreasonably towards the worker or a group of workers of which the worker is a member
- being subjected to **sexual harassment** where a person makes an unwelcome sexual advance, or an unwelcome request for sexual favours, to the worker or engages in other unwelcome conduct of a sexual nature towards the worker
- being subjected to **racial harassment** where an act is reasonably likely in all the circumstances to offend, insult, humiliate or intimidate the worker, and done because of the race, colour or national or ethnic origin of the worker
- being subjected to **excessive work demands** on the worker, which are demands:

  a. beyond the requirements expected of the worker's role, and

  b. repeated or persistent, and

  c. not reasonable in all the circumstances.

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