CLAIM FOR COMPENSATION FOR PERMANENT DISABILITY

ORIGINAL

☐ Permanent disability ☐ Hearing loss ☐ Pain and suffering

WORKER'S PERSONAL DETAILS

Title | Family name

Given names

Other known or previous legal names *eg. Maiden name*

Date of birth / / | Gender ☐ Male ☐ Female

Residential street address

Postcode

Postal address for correspondence

Postcode

What are your daytime contact phone number/s?

M | W | H

Email address

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

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

CLAIM DETAILS

Type of injury/condition claimed (attach details if insufficient space)

Permanent disability/impairment

Hearing loss

Pain and suffering

What part of the body is affected by the injury/condition claimed?

Was this part of the body previously affected by any injury/condition?

☐ No ☐ Yes

If yes, give details

If you have already made a claim for this injury/condition for weekly payments and/or medical and like service costs, please give claim number

Do you consider the injury has stabilised?

☐ No ☐ Yes

Name and address of employer against whom this claim is being made

Postcode

Telephone number

PREVIOUS CLAIMS

Have you previously received a lump sum payment for

A workers compensation injury/condition ☐ Yes ☐ No

This injury ☐ Yes ☐ No

If yes, name and address of employer against whom the previous claim was made

Postcode

Telephone number

Date lump sum payment was received / /

EMPLOYMENT HISTORY

Name and address of previous employers – do not include the employer you are claiming against (attach details if insufficient space)

EMPLOYER ONE

Postcode

Telephone number

Period employed from / / to / /

Nature of work Describe fully *(eg. electrical fitter)*

EMPLOYER TWO

Postcode

Telephone number

Period employed from / / to / /

Nature of work Describe fully *(eg. electrical fitter)*

DECLARATION AND AUTHORITY TO RELEASE MEDICAL INFORMATION

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 or 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 WorkSafe, my employer or Agent, 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.

Signature of Claimant | Date / /

FOR COMPLETION BY EMPLOYER

Date this claim form was received / / | WorkSafe Employer Number

Australian Business Number | WorkSafe Workplace Number

Employer comments regarding claim

Employer's Signature | Date / /

Name

Position

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EMPLOYER COPY

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Employer's Signature | Date / /

Name

Position

COLLECTION OF YOUR 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 Victorian workers compensation legislation. Agents are appointed by WorkSafe under the 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 and previous 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 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 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 its Agents to better manage claims generally.

For the purposes of processing and assessing 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 your employer's Agent
- 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 Accident Compensation Conciliation Service and Medical Panels
- 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.

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 worksafe.vic.gov.au. Information relating to your right to access your WorkSafe claim information is also available at the website.

(*If your injury employer is an approved self-insurer, where you read 'WorkSafe' and 'Agent' also read 'self-insurer' and 'approved agent of a self-insurer'.)

CLAIM FOR COMPENSATION FOR PERMANENT DISABILITY

This form is for a worker to claim for compensation under Victorian workers compensation legislation for permanent disability/impairment resulting from a work-related injury/condition between 4:00pm on 31 August 1985 and 11 November 1997 (including compensation for hearing loss and 'pain and suffering' where available).

FOR HELP COMPLETING THIS FORM OR FOR MORE INFORMATION CONTACT:

- The employer's WorkSafe Victoria (WorkSafe) Agent - to find out who the Agent is contact the employer or the WorkSafe Advisory Service:
  freecall 1800 136 089 or (03) 9641 1444.
- Your union.
- Union Assist - a free service set up and run by the Victorian Trades Hall Council: (03) 9639 6144.
- WorkSafe Advisory Service - the WorkSafe call centre: freecall 1800 136 089 or (03) 9641 1444.

ENTITLEMENT:

Compensation for a work-related injury/condition sustained between 4:00pm on 31 August 1985 and 11 November 1997 is available where the injury/condition has caused a permanent disability/impairment of a kind specified in the Compensation for Maims Table in the *Accident Compensation Act 1985.*

Compensation for 'pain and suffering' in addition to compensation for a permanent disability/impairment may also be available.

TO MAKE A CLAIM YOU NEED TO:

- Carefully read this form including the statement that explains how your personal and health information will be collected and used.
- Answer all of the questions on this form. The form may be returned to you if it is incomplete. If there is insufficient space to answer a question, please attach additional notes or information.
- Sign the declaration and authority to release medical information.
- Provide with this form a copy of all medical reports which you wish to rely on in support of your claim, the extent of your loss, impairment, disfigurement or pain and suffering (including in any proceedings about your claim).
- Provide with this form an affidavit that contains detailed information as listed below if you want to claim additional compensation for 'pain and suffering':
  - the injuries complained of and the date(s) the injuries occurred
  - the circumstances under which the injuries arose
  - the date you first sought medical treatment for the claimed injuries
  - the nature of the treatment you have received as a consequence of the claimed injuries including any operative procedures, any periods of hospitalisation, any medical treatment and details about any future treatment proposed
  - particulars of all absences from employment or periods on light or modified duties as a consequence of the claimed injuries
  - the nature and extent of the actual pain or distress or anxiety suffered as a result of the claimed injuries or any necessary treatment
  - the manner in which the claimed injuries and resultant impairment has affected or is likely to affect your ability to perform your pre-injury duties or to engage in hobbies, recreation, sporting pursuits and domestic activities undertaken before the injuries.
- Keep a copy of this form (WORKER COPY) and any attachments for your records.
- Give this form (when completed) and any attachments to your employer. If you have difficulty giving this claim to your employer, the employer no longer exists, refuses to take receipt of the claim form or fails to send it to the WorkSafe Agent within 10 days, you can send it directly to the WorkSafe Agent or to WorkSafe if the Agent is not known.

WorkSafe Victoria is a trading name of the Victorian WorkCover Authority.
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