



SURF LIFE SAVING NEW SOUTH WALES

WORKERS COMPENSATION CLAIM FORM

This form is to be completed if you are a volunteer and you want to claim workers compensation for an injury or illness under the Workers Compensation Emergency and Rescue Act 1987, or you may have been asked by WorkCover to complete the claim form.

Procedure

In order to process a workers compensation claim quickly, attention should be given to the following:

1. The injured club member should immediately notify their supervisor in the event of any injury or illness. It is **vital** that this injury/illness is **entered into the logbook** and then into the **Incident Reporting Database (IRD)** by a nominated club authority;
2. Complete the **Notification of Injury Form** and fax it to WorkCover on 02 9287 4828;
3. If requested by WorkCover NSW, the **injured club member** (or guardian if under 18) is to complete this Workers Compensation Claim Form. This can be done with the assistance of the Club Safety Officer (if required) and be signed off by an authorised club official. All sections of this form must be completed by all parties concerned. If answers do not fit in the space provided, please attach additional pages for your information;
4. If your injury has or will result in you being away from your paid employment for 7 days or greater, you will need to contact WorkCover immediately (1800 221 960) to advise of your injury;
5. Provide any documents required to assess the claim (see below);
6. The Workers Compensation Claim Form must be faxed to WorkCover NSW (02 9287 4828) within 48 hours (recommended time frame);
7. A copy of this form should be retained for your records.

Documentation Required

If you are, or there is a possibility that you will be claiming weekly compensation benefits because you will be losing wages from your paid employment, you will need to:

- Provide **WorkCover Medical Certificates** for your injury that states the dates you are not able to work and that your volunteer duties were a substantial contributing factor to your injury. All medical certificates must state a precise medical diagnosis;
- Your employer will need to complete a **Statement of Earnings** form;
- For WorkCover to assess a fair and reasonable weekly entitlement for self employed volunteers, it is required that self employed volunteers provide an **Employment (Tax) Declaration** as well as a **WorkCover Medical Certificate**. Please refer to WorkCover's policy "Weekly Compensation for Self Employed Volunteers" which can be downloaded from the SLSNSW website;
- If you are claiming compensation only for the cost of medical or hospital and rehabilitation costs you will need to attach your tax invoices and receipts for these services.

Scope of Cover

The Cover under WorkCover is limited to compensation payable as described in the Workers compensation (Bush Fire, Emergency and Rescue Services) Act 1987, whilst the member is acting in their capacity as a Surf Lifesaver. The cover extends to official duties anywhere in Australia. All Surf Lifesaving activities may need to be verified by proof of entry to competition, patrol roster, volunteer roster, patrol log book, IRB log book, radio log book etc. Training and competition can only be at authorised and organised sessions. Members who compete in elite events where prize money is paid or professional sportspersons or competitors, who compete in events not under the control of the SLSA, may need to take separate insurance/workers compensation.

WorkCover may require the claimant to attend a medical examination by a doctor nominated by the Authority. Dependent on claim complexity, additional information may be sought by WorkCover.

Approval for any medical treatment is to be obtained from WorkCover prior to the commencement of treatment, unless the treatment has been provided in the case of an emergency.

Where to get help with this form

If you need assistance in completing this form, you can contact the Surf Life Saving NSW's Awards and WorkCover Officer on 6550 1132.

Section 1

What is your full name?

Title: Mr Mrs Ms Miss Other

Male Female

Surname: _____ Date of Birth: _____

Given names: _____

What is your country of birth? _____

Where do you live?

Street No. and Name: _____

Suburb/Town: _____

State: _____ Post Code: _____

Postal Address (if different from above): _____

How can we contact you?

Telephone (H): _____ (Mobile): _____

(W): _____

E-mail address: _____

Do you need an interpreter? Yes No What language? _____

Surf Life Saving NSW Details

Name of the club that you belong to: _____

Club Status (i.e. member, Club Captain): _____

Have you previously completed a Notification of Injury Form for this injury? Yes No

About your Injury

When did your injury occur? Date (dd/mm/yyyy): _____ Time (am/pm): _____

Have you needed to take time off from paid employment? Yes No N/A

If yes, when did you stop working? Date (dd/mm/yyyy): _____ Time (am/pm): _____

If yes, when did you return to work? Date (dd/mm/yyyy): _____ Time (am/pm): _____

If yes, your employer will need to complete a Statement of Earnings form.

What part(s) of your body were affected from your injury/condition (i.e. left/right broken wrist)?

What happened to cause your injury/condition?

Were you injured:

- During the course of participating in your volunteer duties;
- On a break while volunteering;
- Other, please give details.

What is the address where you were injured?

When and where did you first seek medical treatment for this injury/condition?

Date (dd/mm/yyyy): _____ Time (am/pm): _____

Name of doctor, medical practice or hospital: _____

Address: _____

Telephone number: _____ Medical Certificate attached? Yes No

Have you been referred to a specialist or for any diagnostic tests for your injury/condition?

Yes No If yes, please provide details:

Name of specialist: _____

Telephone Number: _____ Nature of referral: _____

If you have been referred to more than one specialist, please attach details (x-rays etc.)

Have you undertaken any of the following treatments for your injury/condition?

- Hospital treatment Chiropractor Physiotherapy
- Counselling Pharmaceutical Other (Please give details):

Have you ever had similar symptoms, injury/condition and body parts affected?

Have you ever had a previous workers compensation claim? Yes No

If yes, please provide details:

Injury/condition _____

Year claimed _____ Claim Number _____

Name of insurer _____

Name of employer or volunteer association _____

Volunteer Declaration:

I understand that if this claim results in my receiving weekly compensation payments, I am required to notify whoever is paying my benefits if I commence employment with some other person or in my own business, or if any change in my employment that affects my earnings, and that failure to do so is an offence. I consent to the WorkCover Authority of NSW using the information collected in connection with my claim for the purposes of research about workers compensation, workplace injury management and occupational health and safety.

I confirm that the activities I was engaged in at the time of this injury, were volunteer activities for my association. This activity was undertaken with the consent of or under the authority and supervision of a person authorised by my volunteer association to give that consent and/or supervision. My services were given without remuneration or reward, voluntarily and without obligation.

Volunteer signature: _____

Date: _____

Section 2 Volunteer Organisation to Complete

Name of Branch/Club: _____

Name of club official: _____

Position of club official: _____ Telephone number of Official: _____

Date and time of the injury: Date (dd/mm/yyyy): _____ Time (am/pm): _____

Name of injured volunteer: _____

Describe the type of injury the volunteer suffered: _____

Describe what activities the volunteer was involved in when the injury occurred:

I confirm that the above named volunteer was under my control and/or instruction as a volunteer at the time of this injury.

I confirm that the above name volunteer was NOT under my control and/or instruction as a volunteer at the time of this injury.

Declaration

I have read the information provided on this form and any attachments. I declare that the information that I have supplied in this form and any attachments to this form, is true and correct and that no information has been suppressed or omitted from this report to the best of my knowledge. I understand that the making of a false or misleading statement concerning a claim is punishable by law and that I may be prosecuted.

I confirm that the activities the claimant was engaged in at the time of the injury were volunteer activities for his/her association and these activities were undertaken with the consent of or under the authority and supervision of a person authorised by the volunteer association to give that consent and/or supervision. The volunteer's services were given without remuneration or reward, voluntarily and without obligation.

Signature: _____

Title: _____

Date: _____

SLSNSW OFFICE USE: Received Claim Date: __ / __ / __ Submitted to WorkCover Date: __ / __ / __ Claim No: