

## Report an incident or injury Employer/third party representative lodgement

This form has been specifically designed for completion by an employer or third party representative for an incident that occurred at work. Injured persons are requested to complete the injured person lodgement form.

This lodgement form comprises of two sections:

1. Key lodgement information
  - This is the minimum information required for lodgement
2. Additional lodgement information
  - This is additional information that may assist with faster processing of your lodgement

Fields marked with an \* need to be completed for your form to be submitted, however please provide as much information as you can.

### Key lodgement information

This is the minimum information we require to lodge your claim.

#### 1. Tell us about yourself

Who is submitting the injury notification form?

☐

Employer

☐

Third party representative

Notifier's relationship with the injured person

Notifier's first name\*

Notifier's last name\*

Notifier's best contact number\*

Notifier's email\*

#### 2. Tell us about the injured person

Injured person's first name\*

Injured person's last name\*

Injured person's best contact number\* Injured person's email\*

Injured person's date of birth (DD/MM/YYYY)\*

Injured person's gender\*

☐

Male

☐

Female

☐

Other

☐

Prefer not to say

Address (street and number)\*

Suburb/Town\*

State\*

Postcode\*

Postal address (if not the same as residential)

Suburb/Town

State

Postcode

Does the injured person require an interpreter\*

☐

Yes

☐

No

If yes, what is the preferred language?

### 3. Tell us about the injury

Date of injury (DD/MM/YYYY)\*

Time of injury (HH:MM)\*

Date employer was notified (DD/MM/YYYY)\*

Did the injury occur whilst performing normal work activities?

☐

Yes

☐

No

Does the injured person have multiple injuries?\*

☐

Yes

☐

No

Tell us briefly about how the injury occurred

Which general area of the body has been injured? If the injured person has multiple injuries, please tell us about the most significant injury in this section\*

Where specifically is the injury?\*

What is the type of injury? An injury type could be a cut, a broken bone, anxiety, depression or other\*

Is the injured person currently admitted to hospital due to their injury?

☐

Yes

☐

No

Is medical treatment required?\*

☐

Yes

☐

No

Are there any concerns with how the injury occurred?

☐

Yes

☐

No

Has the injured person had time off work because of the injury?\*

☐

Yes

☐

No

If so, what date did the injured person stop work (DD/MM/YYYY)?\*

Has the injured person returned to work?\*

☐

Yes

☐

No

# Additional lodgement information

This additional information may assist in faster processing.

## 4. Employer's details

Workers compensation policy number

Employer's ABN

Employer's company or business name\*

Employer's contact name

Address (street and number)

Suburb/Town

State

Postcode

Employer's best contact number

Employer's email

## 5. Injured person's work details

Injured person's commencement date of employment

Injured person's occupation

Is the employer able to provide suitable work for the injured person?

Yes

No

Are there any factors affecting the injured person returning to work?

Yes

No

Is the injured person motivated to participate in activities to help them return to work?

Yes

No

Unsure

Do you require the services of a workplace rehabilitation provider to identify suitable duties and assist with return to work planning?

Yes

No

Unsure

Have the injured person and employer been in contact to discuss any support needs for the injured persons recovery at work?

Yes

No

Unsure

If the injured person remains off work, how long do you anticipate them being off work?

0-2 weeks

2-4 weeks

4+ weeks

Uncertain

## 6. Injured person's wage details

Employment type

Full time

Part time

Casual

Apprentice/Trainee

Apprentice

Trainee

Not applicable

Injured person's average weekly wage

What are the ordinary number of hours worked per week (excluding overtime hours)?

On which days does the injured person usually work?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Has the injured person taken any unpaid leave in the last 52 weeks?

☐ Annual leave ☐ Unpaid leave ☐ Other paid leave (e.g. sick leave, carer's leave, long service leave)

Does the injured person receive any of the following allowances?

☐ Motor vehicle ☐ Health insurance ☐ Accommodation ☐ Education fees ☐ Other

## 7. Supporting documents

Please attach additional documents to support this injury notification.

- ☐ Certificate of capacity (e.g. Medical certificate)
- ☐ Medical details (e.g. Medical related invoices or receipts, reports, scans)
- ☐ Wage details (e.g. Wage summary, pay slips, pre-injury average weekly earnings (PIAWE) form, wage reimbursement request)
- ☐ Other types of documents e.g. Return to work plan
- ☐ I agree with the Privacy Policy. To view the Privacy Policy online, please go to:  
<https://www.icare.nsw.gov.au/privacy/your-privacy>

Notifier's signature

Date (DD/MM/YYYY)

Once completed, please send your form to your claims service provider. You may find their contact information online at: <https://www.icare.nsw.gov.au/contact-us/workers-insurance-claim-enquiries>