



WORKERS COMPENSATION HANDBOOK

yourhealthandsafety
yourrightsatwork



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FOREWORD

Many unions have specialist Workers Compensation Officers as well as access to union approved solicitors who will provide specialist and up to date advice about workers compensation. Workers injured at work are entitled to timely, effective and meaningful treatment and rehabilitation that assists the injured worker to return to their pre-injury employment or to other employment; this may include retraining and job placement assistance if required. Return to work, suitable employment and injury management for the injured worker/s must have as it's objective a safe and durable return to work.

This Workers Compensation Handbook is designed to provide information to help Union Representatives resolve matters themselves.

If the Union Representative is unable to resolve an issue or needs assistance, the matter should be **referred to the Union Organiser**.

Unions will strongly support and educate Union Representatives in dealing with all compensation matters. Refer to your union for information on training programs

What is Workers Compensation?

Workers Compensation provides injured workers with weekly payments to cover loss of earning capacity, payment of reasonable medical expenses and vocational rehabilitation expenses where necessary to assist a safe return to work.

Workers Compensation is founded on a no fault system and workers are paid for work related injuries whether they were at fault or not.

All employees are covered for compensation for work injuries and/or illnesses, whether employed on a full-time, part-time, casual, permanent or temporary basis. Many self-employed contractors, owner-drivers, and out-workers working from home are also covered. In NSW, the system is called "**WorkCover**". However people employed by the Commonwealth Government, or any of the Government Business Enterprises are covered by the system called "**ComCare**". You will need to check with your union for further advice. The Law states all employers **must have a Current Workers Compensation policy**. Unions can inspect these policies and also ensure that employers are paying the correct insurance.

WHAT WORKERS COMPENSATION PAYMENTS AM I COVERED FOR?

The workers compensation system provides a range of benefits including:

Loss of wages – this is paid to cover your basic wage until you are able to return to work.

- Initially, the weekly benefit is paid at award rate, registered agreement rate or enterprise agreement rate of pay – capped at a maximum weekly rate. The payments do not include payments like overtime, shiftwork and penalty rates.
- After 6 months – your payments could drop to a statutory rate.
- Medical and other expenses – including most medical and hospital treatments, therapies, counselling, medical tests and medication.
- Rehabilitation expenses – covers all costs associated with your return to work including rehabilitation provider and job seeking expenses.
- **Wages on returning to work – where a return to work plan is required for your return to work your employer pays you for the hours you work and the insurer makes up the difference to your average weekly earnings.**

Other expenses – including items such as travel, aids and equipment (i.e. essential equipment required by an institution for retraining the injured worker, particularly if

the injured worker requires it to function and to mitigate the effects of their impairment.)

- Payment for permanent impairment- you may be entitled to a lump sum payment for permanent impairment.

What is covered under Workers Compensation?

- Workers Compensation covers injuries suffered at work, on lunch or other breaks, at work functions, attending training for work, or on any other activity connected with work.
- Diseases or medical conditions which have been caused by work, or made worse by work are also covered.
- Compensation can also be paid for some heart conditions, lung conditions, cancers, nervous conditions, stress, anxiety, occupational overuse injuries (previously known as "repetitive strain injuries") or dermatitis, but there must be adequate evidence that work was a significant contributing factor.
- Workers are also covered in the journey to and from work

When are workers covered by compensation?

Workers and deemed workers (under a special schedule of the Act, deemed workers can be sub contractors, jockeys, the clergy, self employed, etc.) are covered for injuries sustained from the time a worker leaves for work until they return. They are covered both at the workplace and away from their workplace, where injury is sustained in the course of employment.

- For example a person is covered:
- On a journey to and from work (but there are restrictions)
- Recess and lunch breaks
- If they are a Union Representative attending a course or a meeting and they become injured they are covered in most cases
- If they are an apprentice or trainee attending TAFE or colleges.

It is important to note that work must be a significant contributing factor to any injury occurring.

What a worker must do if they are injured at work

If you suffer a work-related injury you will not, in most cases, need to submit a claim form to receive workers compensation. Generally, weekly payments will commence within seven days of your employer's Scheme Agent or insurer being notified of your injury. Notification of an injury can be written or verbal and anyone can make initial notification of the injury. Your employer has a legal requirement to notify the Scheme Agent or insurer within 48 hours of your injury being reported.

If you've been injured at work you must:

- Notify your employer as soon as possible
- Have your name, the date and details of the injury recorded in the employer's [register of injuries](#)
- See a doctor and have the doctor complete a [WorkCover medical certificate](#)
- Sign the WorkCover medical certificate to:
- Indicate the doctor has been chosen as your nominated treating doctor, and permit your nominated treating doctor to release information to the Scheme Agent or insurer and your employer to help with an injury management and [return to work plan](#)
- Give the completed medical certificate to your employer and attach any bills or receipts for treatment
- Participate and cooperate with the development and implementation of an injury management plan
- Comply with requests made by the Scheme Agent or insurer within seven days (this may include obtaining a WorkCover medical certificate or completing a claim form).

You should keep copies of all documentation relating to your injury.

Remember to make a note of the notification/claim number from the Scheme Agent or insurer and quote it on all documents you send to your employer and your employer's Scheme Agent or insurer. You should also keep a copy of any documents relating to your injury.

If you are off work and cannot do your normal job ask your doctor and employer about [suitable duties](#). You must make all reasonable efforts to return to work as soon as possible.

What are suitable duties?

Suitable duties are short-term work duties, agreed between the employer and the injured worker and the treating doctor, to assist the injured worker's rehabilitation.

Suitable duties must comply with a current medical certificate, and may include:

- Parts of the job the worker was doing before the injury,
- The same job, but on reduced hours,
- Different duties altogether,
- Duties at a different site,
- Training opportunities, or
- A combination of some or all the above.

The definition of suitable employment (duties) states that the following must be taken into account:

- The medical certificate – the treating doctor will list work capabilities,
- The age, education and work skills of the injured worker,
- Where the worker lives,
- The duties must be useful to the employer's trade or business,
- The duties must comply with the injury management plan, and
- **The duties must not be demeaning or token jobs.**

Time limits for making a claim

A claim for workers compensation should be made within six months of the date of injury, accident or date of death.

If the failure to make a claim within six months is the result of ignorance, mistake, or absence from the State a claim for workers compensation can still be made.

If a claim is not made within three years but relates to an injury resulting in death or serious permanent impairment of the worker, the claim may still be made. Contact your Union for further advice.

Commencement of provisional liability payments

An employer's Scheme Agent or insurer is obliged, in most cases, to begin provisional liability payments within seven days of being notified of a worker's injury.

In some cases, however, the Scheme Agent or insurer will have a 'reasonable excuse' not to start provisional liability payments. The reasonable excuses that a Scheme Agent or insurer can use to not commence payments within the usual seven days are listed below.

- There is insufficient medical information

- The Scheme Agent or insurer has a reasonable excuse if after attempting to obtain medical information it does not have sufficient information to establish that there is an injury or that the injury is related to the worker's employment.

However, the Scheme Agent or insurer may have to allow special consideration for workers in remote rural areas, where access to medical treatment is not readily available.

- The injured person is unlikely to be a 'worker'
- The Scheme Agent or insurer has a reasonable excuse if:
The worker has been unable to verify their status as a worker (under NSW workers compensation legislation)
- The employer is able to verify that the injured person is not a worker.
[View more](#) information on workers and contractors.
- The Scheme Agent or insurer is unable to contact the worker
- The Scheme Agent or insurer has a reasonable excuse if it is unable to contact the worker after trying repeatedly, by phone, electronic means or at least once in writing.
- The worker refuses to release information
- The Scheme Agent or insurer has a reasonable excuse if the worker will not consent to the release or collection of personal and health information in relation to the workplace injury to determine the worker's entitlement to provisional payments.
- The injury is not work related
- The Scheme Agent or insurer has a reasonable excuse if the employer has provided evidence that the worker's employment is not a substantial contributing factor to the injury.
- The injury is notified after two months
- The Scheme Agent or insurer has a reasonable excuse if the notice of injury is not given to the employer within two months after the date of the injury.
- The injury is not a significant injury
- If the injury is not significant – ie the worker is likely to be unfit to do their normal work for less than seven continuous days – then the Scheme Agent or insurer may extend the time to assess entitlements to 21 days after the initial notification is made.

What does the employer have to do?

Under the Law the employer:

- **Must have** a current Workers Compensation policy
- **Must have** a return-to-work Program that covers all their workers, in case there is an injury. The program must comply with the WorkCover guidelines and be developed through consultation with your union
- **Must display** a summary of the Workers Compensation Legislation, and insurer's information
- **Must display** their return to work program or, if a smaller employer, have it available on request
- **Must have a Register of Injuries** book, where work related injuries are recorded
- **Must advise the insurance company** within 48 hours of becoming aware of an injury and obtain a notification number (as a Rep you should also find out the notification number)
- **Must provide** a workers' compensation **claim form** and forward claim to the insurer (if a claim form is needed)
- **Must pass payment** on to injured worker within 7 days
- **Must provide suitable duties** unless they can prove it is not practical.
- **Must not** sack an injured worker.

WorkCover can prosecute employers for failure to comply with these Laws. Union Representatives can notify their insurer about an injury, can give initial notification of an injury to the insurer and find out the notification number if the employer has not done this. This number will probably become the claim number. If there are any problems with the claim, the injured worker should quote this number so the insurance company can find the paperwork more easily.

Your rights and responsibilities

You have a legal right to:

- Choose your nominated treating doctor, usually your own doctor
- Choose your rehabilitation provider
- Choose your treatment providers
- Have a say in your return to work plan
- To have your union representative present if requested
- Cooperate and comply with your injury management and return to work plans
- Keep in touch with your employer regularly and provide accurate information about your claim

- Notify the insurer if any of your employment circumstances change.

You should always keep copies of the paperwork relating to your injury and claim. If you do not comply with your injury management plan, the insurer can suspend your benefits.

Your employer cannot dismiss you for the first six months because you are unfit for employment as a result of your injury. If you are terminated after six months and become fit for your old job within two years, you can apply to be reinstated. Contact your union.

Independent Medical Examinations (and Examiners) and Injury Management Consultants

Referral for an independent medical examination is only appropriate when information from the treating medical practitioner(s) is inadequate, unavailable or inconsistent and where the referrer has been unable to resolve the issues related to the problem directly with the practitioners. If in doubt contact your Union. [Workcover NSW mandatory guidelines for independent medical examinations](#)

A worker must attend a properly notified and arranged IME. However, they are entitled to be notified correctly and treated reasonably.

Factual Investigators

Questions asked by factual investigators can sometimes be very personal. Remember that questions must be relevant to your claim for workers compensation. You have a right to seek legal advice and have a support person with you. It is also important to note that you do not have to endorse a factual investigators statement by signing it. When a request is made to attend an interview with a factual investigator, Contact your Union Representative or your Union office. A worker is entitled to be notified correctly and treated reasonably. No one is obliged to cooperate with a private investigator (although an insurer may expect an employer to do so). However, if a worker refuses to cooperate it may give the insurer a reason to delay payments or decline the claim.

Weekly benefits

WHEN SHOULD PAYMENT OF WAGES COMMENCE?

Provisional Liability

Provisional liability enables a Scheme Agent or insurer to start paying weekly benefits and medical expenses to an injured worker. Provisional liability allows weekly payments to continue for a maximum of 12 weeks and payment of medical expenses up to \$7500.

Weekly compensation payments must begin within seven days of the Scheme Agent or insurer being notified of your injury unless the Scheme Agent or insurer has a reasonable excuse. If provisional liability payments do not commence, the Scheme Agent or insurer must notify you in writing of the reason/s. They must also provide you with advice on how to resolve the issue. If you are entitled to weekly benefits, payments should commence within 7 days of the insurer being notified of your injury. The insurer should also pay all reasonable medical expenses. If you do not receive payment you can contact the WorkCover Claims Assistance Service **13 10 50** or your union.

Weekly benefits when totally unfit

Weekly payments to injured workers who are totally incapacitated

If you are totally incapacitated as the result of a workplace injury you are entitled to receive weekly income support in the form of weekly incapacity payments.

What weekly payments do I receive if I am totally incapacitated?

For the first 26 weeks of total incapacity, your weekly payments are calculated as your current weekly wage rate.

After 26 weeks of incapacity your weekly payments are reduced and will usually be the lesser of the statutory rate or 90 per cent of average weekly earnings. However, the total weekly benefit cannot exceed your current weekly wage rate.

Total incapacity payment periods do not have to be continuous from the date of injury. For example, if you are totally incapacitated for the first 10 weeks following your injury, you then return to work in a partial capacity for 10 weeks, and you later become totally incapacitated again (due to the same injury), you will still have 16 weeks of weekly benefits that are payable at the first 26 weeks rate.

Current weekly wage

The current weekly wage rate is calculated as:

- For workers paid under an award, industrial or enterprise agreement, 100 per cent of the rate of remuneration for one week of work (excluding overtime, shiftwork, payments for special expenses and penalty rates) or
- For workers not employed under an award, industrial or enterprise agreement, 80 per cent of average weekly earnings (including regular overtime and allowances).

Casuals

If a casual employee is injured, they are entitled to be paid:

- Their average weekly earnings – this is averaged out over the period of their employment

- If a casual employee works more than one job they are entitled to be paid for all of those jobs – again the wages of all these jobs are added together and averaged to get a weekly rate.

[Refer to the NSW WORKERS COMPENSATION ACT 1987 - SECT 43](#)

Weekly benefits and retirement

Will weekly payments continue once reaching retiring age?

If you remain totally unfit for work or are working but continuing to receive 'make-up' pay, then:

If your injury occurred before the retiring age you can be paid weekly benefits for a maximum of 12 months after you reach retiring age.

If your injury occurred after the retiring age you can be paid weekly benefits for a maximum of 12 months after the first date of getting weekly benefits for your incapacity for work.

Under section 52 of the **Workers Compensation Act 1987**, retiring age is the age a person is eligible to receive the age pension under section 23 of the **Social Security Act 1991** (Commonwealth).

From 1 July 2017, the qualifying age for Age Pension will increase from 65 to 65.5 years. The qualifying age for Age Pension will then rise by 6 months every 2 years, reaching 67 by 1 July 2023.

These changes will be introduced 4 years after women's qualifying age for Age Pension has reached 65, under existing rules.

The table below shows the gradual increase in women's qualifying age for Age Pension over the period leading up to 1 July 2013, and then the increase in qualifying age for both men and women from 1 July 2017.

Born	Women eligible for Age Pension at age	Men eligible for Age Pension at age
Before 1 July 1935	60	65
From 1 July 1935 and 31 December 1936	60.5	65
From 1 January 1937 and 30 June 1938	61	65
From 1 July 1938 and 31	61.5	65

December 1939		
From 1 January 1940 and 30 June 1941	62	65
From 1 July 1941 and 31 December 1942	62.5	65
From 1 January 1943 and 30 June 1944	63	65
From 1 July 1944 and 31 December 1945	63.5	65
From 1 January 1946 and 30 June 1947	64	65
From 1 July 1947 and 31 December 1948	64.5	65
From 1 January 1949 to 30 June 1952	65	65
From 1 July 1952 to 31 December 1953	65.5	65.5
From 1 January 1954 to 30 June 1955	66	66
From 1 July 1955 to 31 December 1956	66.5	66.5
From 1 January 1957	67	67

Weekly benefits on suitable duties

Weekly payments to injured workers who return to work on suitable duties

If you are partially incapacitated following a workplace injury and return to work on suitable duties you will earn income for the hours you work while undertaking those duties. If this income is less than what you earned before your injury, for example if you are working part-time or the suitable duties are at a lower pay rate, then you may also receive a weekly workers compensation payment, often referred to as 'make-up' pay.

What weekly payments do I receive if I partially return to work on suitable duties?

'Make up' pay is usually calculated based on the difference between your pre-injury earnings (including overtime, shift work, payments for special expenses and penalty rates) and the amount you are earning while on suitable duties.

Under the legislation, the amount of 'make up' pay cannot exceed the amount you would receive if you were totally incapacitated. For the first 26 weeks after you first received incapacity payments, this would be your current weekly wage rate and for any later period, the statutory rate.

Current weekly wage

The current weekly wage rate is calculated as:

- For workers paid under an award, industrial or enterprise agreement, 100 per cent of the rate of remuneration for one week of work (excluding overtime, shift work, payments for special expenses and penalty rates) or
- For workers not employed under an award, industrial or enterprise agreement, 80 per cent of average weekly earnings (including regular overtime and allowances).

Weekly benefits when no suitable duties are available

You will be paid section 38 benefits for a maximum of 52 weeks.

For the first 26 weeks of incapacity you may receive your current weekly wage rate.

The first 26 weeks of incapacity includes any period of total incapacity already taken.

Therefore, if you have been totally incapacitated for the first 10 weeks following your injury and you then become fit for suitable duties but no duties are available, you will be paid your current weekly wage rate for a maximum of 16 weeks.

For any remaining period up to a total of 52 weeks, you may receive the greater of 80 per cent of your current weekly wage rate or the statutory rate.

After this, if you remain fit for suitable duties, you may be entitled to weekly ['make-up' pay](#).

This payment will be based on an assessment of your capacity for work and most probably be at the statutory rate.

What is a section 38 payment?

A section 38 payment may be paid if you are partially incapacitated but your pre-injury employer does not provide you with suitable duties.

To be eligible for a section 38 benefit you must be:

- Undertaking rehabilitation or
- Undertaking retraining approved by the insurer or job seeking.

What is the statutory rate?

The statutory rate is the amount of specified in [section 37](#) of the *Workers Compensation Act 1987* and is indexed twice each year in April and October. The statutory rate is currently \$403.70 (from 1 April 2010 to 30 September 2010).

This is the current statutory rate for a single person with no dependants. This rate increases depending on the number of dependants you have.

The [Workcover Benefits guide](#) will be able to assist you in determining if you are being correctly paid. Do not hesitate to contact your Union Representative or Union Official for help.

Can weekly benefits be stopped?

Insurance companies and self-insurers MUST now begin paying claims for weekly compensation within seven days after receiving an initial notification. This is known as Provisional Liability. That means, within seven days of the company telling the insurance company about your injury, you must be paid, unless there is a 'reasonable excuse' not to pay.

If, once provisional liability has been accepted, an investigation finds a reason why the company is not liable to pay compensation, the claim can be declined and payments stopped. If this happens you can refer the matter to the Commission for conciliation.

If you have been receiving weekly benefits for partial incapacity for more than two years, [section 52A of the Workers Compensation Act 1987](#) allows for your weekly payments to be discontinued if you:

- Are not suitably employed and are not seeking suitable employment or participating in rehabilitation/retraining, or
- Are not suitably employed and have previously unreasonably rejected suitable employment, or
- Have sought but failed to obtain suitable employment primarily because of the labour market.

You must be notified if payments are to cease.

Annual leave and entitlements

A worker is entitled to receive, in addition to their Workers Compensation benefits:

- **Annual leave**
- **Public holidays** (this can be added to your annual leave)
- Long service leave pro rata, whilst employed and on benefits
- They cannot be paid **sick leave** and compensation at the same time.

Utilising sick pay and annual leave

A worker can use their holiday and sick leave entitlement whilst they are waiting for benefits to be paid or to top up their compensation if the rate drops. Refer to your award or enterprise agreement.

Work injury damages

What is a work injury damages claim?

Permanent Impairment Benefits

If a worker has a permanent impairment as a result of a workplace injury or illness, they may be entitled to receive a payment under section 66 of the *Workers Compensation Act 1987*.

An injured worker may also have access to compensation for 'pain and suffering' under section 67 of the *Workers Compensation Act 1987*, if 10 per cent or more permanent impairment is present.

The maximum amount payable for pain and suffering is \$50,000.

Statutory lump sum amounts for permanent impairment (section 66) and pain and suffering (section 67) have not been subject to indexation since December 1995. However, the lump sum amount has been varied several times.

This chapter provides information on the:

- current lump sum amounts for permanent impairment from 1 January 2007, payable under the *Workers Compensation Act 1987*.
- previous arrangements concerning the lump sum amounts payable for permanent impairment on and from 1 January 2002 – 31 December 2006, payable under the *Workers Compensation Act 1987*
- previous arrangements concerning the lump sum amounts payable for permanent loss, including the:
 - Table of Disabilities: 30 June 1987 – 31 December 2001, payable under the *Workers Compensation Act 1987*
 - Table of Disabilities: to 29 June 1987, payable under the former *Workers Compensation Act 1926*.

For injuries on and after 1 January 2002:

- Payments are based on an assessment of the injured worker's whole person impairment
- The degree of permanent impairment is assessed using the *WorkCover Guides for the Evaluation of Permanent Impairment*
- Evaluations of permanent impairment can only be conducted by a suitably qualified medical specialist who is trained in the use of the Guides
- A minimum level of permanent impairment must be present before compensation payments are made. The minimum level is one per cent of whole person impairment.

However, for permanent psychiatric and psychological impairment there is a 15 per cent Threshold.

- For hearing loss claims, a minimum level of six per cent binaural hearing loss must be present

The maximum lump sum payment for permanent impairment injuries incurred:

- between 1 January 2002 and 31 December 2006 was \$200,000, with an additional five per cent for permanent impairment of the spine on and after 1 January 2006
- on or after 1 January 2007 is \$231,000 (including the additional five per cent for permanent impairment of the spine).

An injured worker may also have access to 'pain and suffering' payments under section 67 of the *Workers Compensation Act 1987*, if 10 per cent or more whole person impairment is present.

However, for permanent psychiatric and psychological impairment there is a 15 per cent threshold.

The maximum amount payable for pain and suffering is \$50,000.

For injuries before 1 January 2002:

- For injuries prior to 1 July 1987, payments for any permanent loss of efficient use are determined according to the *Table of Maims*. The *Table of Maims* lists limited body parts.

There is no payment for pain and suffering for injuries sustained prior to 1 July 1987.

- For injuries that occurred between 1 July 1987 and 31 December 2001, payments for any permanent loss of efficient use are determined according to the *Table of Disabilities*.

- If the **claim** for permanent loss was made **before** 12 January 1997, the most a worker can receive is dependent on the date of the injury
- For a claim made **on or after** 12 January 1997, and the injury occurred between 1 February 1992 and 31 December 2001:
 - the maximum amount a worker may receive for:
 - a single permanent loss is \$100,000
 - multiple permanent losses is \$121,000.
 - an injured worker may also have access to 'pain and suffering' payments under section 67 of the *Workers Compensation Act 1987*, if the worker is entitled to 10 per cent or more of the maximum amount payable under section 66(1), that is, the worker is entitled to a payment of \$10,000 or more for a permanent loss. The maximum amount payable for pain and suffering is \$50,000.

Who is entitled to make a claim for work injury damages?

To be eligible to make a claim for work injury damages, the following criteria must be met:

- The work injury is a result of the negligence of the employer
- The injured worker must have an assessed permanent impairment of at least a 15 per cent whole person impairment
- Claims for lump sum compensation for permanent impairment and pain and suffering must be made prior to or at the same time as the work injury damages claim, and must be settled prior to a work injury damages claim being finalised.

How is a work injury damages claim heard?

Initially, the Workers Compensation Commission attempts to mediate and reach settlement through discussion and agreement of all parties. If an agreement is unable to be reached, work injury damages claims are heard in the District Court. If a work injury damages claim is not successful, the worker will continue to receive workers compensation under the statutory scheme, but is likely to be liable for court costs incurred during the work injury damages claim.

If you think you may be eligible to lodge a work injury damages claim and would like to proceed, you must first seek independent legal advice. If you are unsure of how to locate a suitable legal representative, you may contact the [Law Society](#) or your Union.

Sample Workcover Medical Certificate

WORKCOVER NSW MEDICAL CERTIFICATE	
<input type="checkbox"/> Initial <input type="checkbox"/> Progress <input type="checkbox"/> Final	
<i>NB: Questions in italics need not be completed on subsequent certificates unless there is new information.</i>	
1. WORKER DETAILS (may be completed by the injured worker) Claim No.: _____ Family name: _____ Other names: _____ Address: _____ Postcode: _____ Phone No.: _____ Date of birth: ____/____/____ Employer name: _____ Address: _____ Postcode: _____ Occupation: _____ hrs / week: _____ How the injury occurred: _____ _____ Date of injury: ____/____/____	
2. MEDICAL CERTIFICATION Diagnosis: _____ <i>In my opinion, the worker's employment is a substantial contributing factor to this injury:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Management plan: _____ _____ Treatment review date: ____/____/____	
3. FITNESS FOR WORK: The worker: <input type="checkbox"/> is fit for pre-injury duties <input type="checkbox"/> is unfit to work from ____/____/____ to ____/____/____ <input type="checkbox"/> is fit for suitable duties from ____/____/____ to ____/____/____ <input type="checkbox"/> has reached maximum medical improvement and is fit for permanently modified duties from ____/____/____ (final certificate only) An assessment of workplace duties is / is not required. Date of examination ____/____/____ The worker has the following capabilities for _____ hrs / day _____ days / week Lifting up to _____ Walking up to _____ Sitting up to _____ Standing up to _____ Travelling up to _____ Keying up to _____ Other: _____ Fitness for work will be reviewed on: ____/____/____	
4. MEDICAL PRACTITIONER DETAILS Name: _____ Provider No.: _____ Address: _____ _____ Postcode: _____ Phone No.: _____ Fax No.: _____ <i>I agree to be this worker's Nominated Treating Doctor and to assist in his / her return to work</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: ____/____/____	
5. INJURED WORKER CONSENT <i>I confirm the information I have given is correct; I nominate _____ as my Nominated Treating Doctor; I consent to my Nominated Treating Doctor, my employer, the insurer, other treating practitioners, rehabilitation providers and WorkCover NSW exchanging information for the purposes of managing my injury and workers compensation claim. I understand this information will be used by WorkCover and insurers to fulfil their functions under the workers compensation legislation.</i> Signature: _____ Date: ____/____/____	

Further Information

Information on the responsibilities and processes for making a claim for workers compensation can be found via the links below or at the Workcover NSW website.

[Notifying](#) the Scheme Agent or insurer of a work related injury

[What a worker must do](#) if injured at work

[What an employer must do](#) when there is an injury at work

What to do if an [employer does not have workers compensation insurance](#)

What the [Scheme Agent or insurer](#) must do when notified of a work related injury

The process for making a [workers compensation claim](#)

The [provisional liability](#) process

The process for making a [claim for permanent impairment](#)

The process for a [noise induced hearing impairment claim](#)

The process for making a [journey or work break claim](#)


The process for making a [claim for a psychological injury](#)

[Who can make a workers compensation claim.](#)

Law Handbook - workers compensation in NSW: produced by the Legal Information Access Centre. The Legal Information Access Centre (LIAC) is a specialist information service of the State Library of NSW. It provides access to information about the law for all members of the community in NSW.

[Your recovery and return to work after a workplace injury](#)- Workcover NSW Publication

For more information please contact your union. This Literature is recommended as a guide only and is not a substitute for professional or legal advice. If you need clarification or further advice please consult your Union for further information or Contact the Workers Health Centre. The [Workers Health Centre](#) is a non-profit organisation that has provided workers with quality health and safety services since 1976.



If you are an Injured Worker and in need of assistance and support when injured, please contact us
The Injured Workers Support Network

Address:
Phone:
Email:
Website:

The Injured Workers Support Network is a Not for Profit Organisation.

Who can participate?

- **All injured workers**
- **Any immediate family or support persons of injured workers.**

If interested in further information concerning meetings, membership or other forms of support for the Injured Workers Support Network, please contact us.