

I've been injured at work. What do I do?

Information for workers for asbestos claims

The *Application for Compensation—asbestos injury* form is an approved form under the *Workers' Compensation and Rehabilitation Act 2003*. The general information contained on this and the following two pages are not part of the approved form. This information will help you to understand your obligations and the WorkCover Queensland claims process.

This document

You do not need to send this information sheet to WorkCover Queensland. This document is for your information. You should read it before completing the application form and discuss any questions you may have with us.

What is asbestos?

Asbestos is the general name for a group of naturally occurring soft, highly fibrous minerals with separable, long and thin fibres. Asbestos fibres are strong, flexible, heat resistant, have low electrical conductivity and are chemically and thermally stable.

What was it used in?

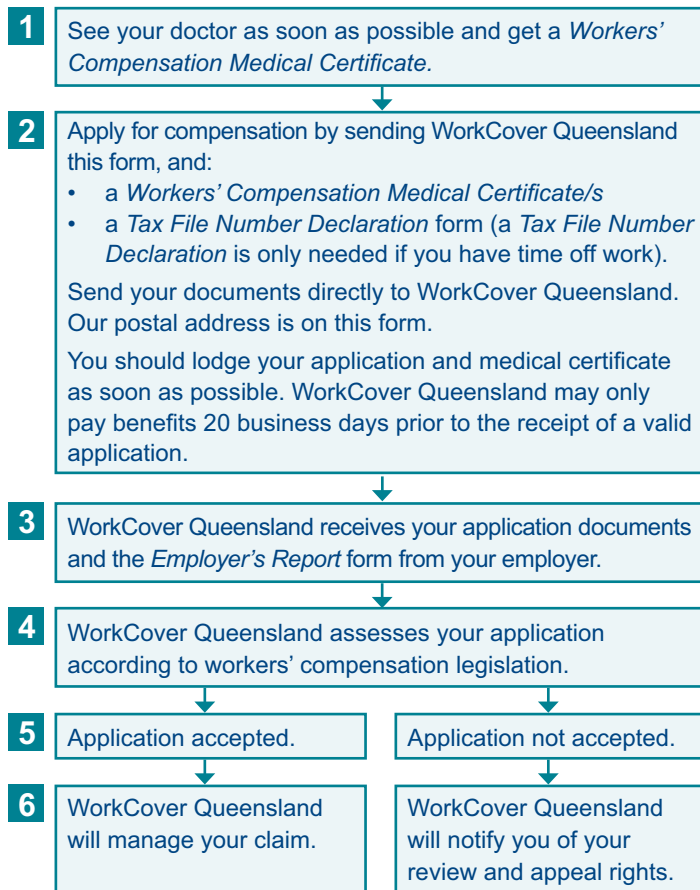
Some of its uses have been:

- fire resistant products such as blankets, gloves and aprons
- car products such as brake pads, brake liners, brake shoes, gaskets and filters
- building products such as roofing, internal and external walls and ceilings and soffits
- heat resistant products such as mats, insulation around pipes in places like factories, boiler rooms and ship's engine rooms.

When is it dangerous?

If asbestos is maintained in a good condition, it is not considered to be an immediate hazard. It is only when its fibres have become separated and airborne that it is considered to be dangerous to our health.

The claim process



See your GP

You should see your doctor as soon as possible and get a *Workers' Compensation Medical Certificate*.

Who else should I notify?

You should let your employer know so that they also have the opportunity to provide information to WorkCover Queensland.

Applying for workers' compensation

Under workers' compensation legislation, anyone defined as a 'worker' who has sustained an 'injury' in their employment can apply for workers' compensation.

You can apply for compensation regardless of who or what caused your work-related injury.

How do I apply for compensation?

You need to complete the attached *Application for Compensation—Asbestos Injury* form. You should answer every question and provide as much detail about your injury as possible. You must sign the form—if the form is not signed, WorkCover Queensland will return the form to you.

Do I need a medical certificate?

WorkCover Queensland needs a *Workers' Compensation Medical Certificate* as well as your completed *Application for Compensation—Asbestos Injury* form to assess your application for compensation.

Filling out the application form

If you need help filling out your application or if you need a translator, you can call WorkCover Queensland on **1300 362 128**.

Q10 Employment details

Please indicate your employment at the time that you were exposed to asbestos. WorkCover Queensland needs to determine whether or not you were employed as a worker as defined by the legislation in place at the time of your exposure to asbestos.

Q21 Employment history

WorkCover Queensland needs to be able to identify who you were working for at the time you were exposed to asbestos.

Information that will help us to that includes:

- your contract of employment or letter confirming your employment
- pay slips covering the period you were exposed to asbestos
- group certificates for the period you were exposed to asbestos
- any documents that show you were employed at the time you were exposed to asbestos.

Knowing what type of employment you were trained for can support exposure to asbestos. Information that will help us includes:

- apprenticeship and/or indenture papers
- a detailed description of the work you were doing, how you were exposed to asbestos and the product name of the asbestos.

Q22 and Q23 Exposure history and estimated percentage of products used in employment

Please answer these questions to the best of your knowledge and based on your own opinion as to the extent of your exposure and the products used.

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Union membership and payment information

Although these sections are not part of the approved form, we ask these details to manage your claim more efficiently.

Union membership

We have asked you to indicate whether or not you were a member of a union during your working life. WorkCover Queensland obtains information from unions about the employment history of members and the asbestos exposure of members. Information held by your union may help us in our investigations in cases where we can obtain information direct from your union.

Payment information

To receive benefits sooner, you need to complete the payment details section on the enclosed form.

When completing the 'payment details' section please make sure you provide:

- the six-digit BSB number for the branch where your account was opened (this is on your account statements, deposit/cheque book)
- your account number.

WorkCover Queensland will send you a payment summary when we deposit a payment into your account.

Your banking details remain confidential. They are only used for the duration of your claim and will not be released. WorkCover Queensland cannot withdraw money from your account.

How do I apply for compensation?

Under workers' compensation legislation, anyone defined as a 'worker' who has sustained an 'injury' in their employment can apply for workers' compensation.

You can apply for compensation regardless of who or what caused your work-related injury.

Do I need a medical certificate?

WorkCover Queensland needs a *Workers' Compensation Medical Certificate* as well as your completed *Application for Compensation—Asbestos Injury* form to assess your application for compensation.

How do I lodge my application?

You need to send your completed and signed application form and your *Workers' Compensation Medical Certificate/s* to WorkCover Queensland.

By fax

You do not need to use a cover page when you fax your *Application for Compensation—Asbestos Injury* form to WorkCover Queensland. You can fax your application to WorkCover Queensland on **1300 651 387**. You do not need to send WorkCover Queensland the original of your fax. You can keep the original for your own records.

By post

Post your completed application documents to GPO Box 2459, Brisbane Qld 4001.

Through your treating doctor

Your treating doctor can lodge your completed application documents for you.

Assessing your application

How is my application assessed?

WorkCover Queensland will assess your application according to workers' compensation legislation. This includes determining:

- whether you are a 'worker' as defined in the legislation
- whether you suffered an 'injury' as defined in the legislation
- whether you suffered your injury in your employment (determined by reference to the legislation).

How long will it take to be assessed?

WorkCover Queensland is committed to making decisions as quickly as possible.

However, some applications can take time to assess. There are some things you can do to relieve any financial burdens. While WorkCover Queensland assesses your application, you can:

- visit Centrelink—Centrelink offers financial help to people who can't work because they are ill or injured
- talk to your superannuation fund—some funds offer assistance
- talk to your employer about options to reduce your financial burdens.

Gathering additional information for assessment

Sometimes WorkCover Queensland needs more information to assess your application. This can involve:

- talking to you, your treating doctor, your employer or witnesses
- asking you to send some more information
- asking you to see an independent doctor or specialist—we will send you a letter with your appointment date and some general information.

If we need more information, we will send you a letter asking you for the information we require.

The decision

What does the decision mean?

If WorkCover Queensland accepts your application, you will receive workers' compensation benefits.

If WorkCover Queensland doesn't accept your claim, we will send you a letter that explains why. We will also advise you what appeal and/or review rights you have in relation to the decision.

If you have any further questions about your review and appeal rights, or the review process, you should contact Q-COMP on 1300 739 021 or visit their web site at www.qcomp.com.au.

Workers' compensation benefits

Your benefits may include medical expenses and lump sum compensation for any permanent impairment.

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Your responsibilities

To ensure your application is managed efficiently, you should:

- complete and sign all necessary forms
- let WorkCover Queensland know when your condition or treatment changes
- keep your *Workers' Compensation Medical Certificate/s* up to date. You can only receive workers' compensation benefits if WorkCover Queensland has your current *Workers' Compensation Medical Certificate*.

The legislation has penalties if you do not:

- make sure all the information you provide on this form and to WorkCover Queensland is true and not misleading (for example, letting us know if you are receiving Centrelink payments)
- satisfactorily participate in rehabilitation, without reasonable excuse
- advise WorkCover Queensland if you return to any kind of work or engage in a calling. This includes self employment or working for someone else, whether or not you are paid for performing the activity.

If you do not fulfil your responsibilities, WorkCover Queensland may suspend your compensation benefits or prosecute you.

Privacy and release of information

WorkCover Queensland collects information to assess your claim for workers' compensation and to assist in managing your rehabilitation and return to work.

Please let us know if your details change, or if you believe the personal information we hold about you is inaccurate. We will then take steps to update your personal information.

If you have not reported your injury to your employer, we may disclose information you provide on your application form to your employer to confirm it.

We may be required or authorised by law to give information about your claim to another person (for example, Courts, Australian Taxation Office, other insurers etc.).

WorkCover Queensland undertakes all reasonable measures to protect your privacy by collecting, using, storing and disclosing the personal information we hold about you in accordance with Queensland Government privacy requirements.

For further information on privacy, visit our web site at www.workcoverqld.com.au or call **1300 362 128**.

Contacting WorkCover Queensland

You can contact WorkCover Queensland on **1300 362 128** for more information about your application.

You can also visit our web site for more information at www.workcoverqld.com.au

Other contacts

Q-COMP—Workers' Compensation Regulatory Authority

If you have any questions about the Queensland workers' compensation scheme, you should contact Q-COMP on 1300 361 235 or visit their web site at www.qcomp.com.au.

Workplace Health and Safety

If you have any questions about workplace health and safety, you should contact the Division of Workplace Health and Safety on 1300 369 915.

Application for Compensation—Asbestos Injury 132.AI.WC

Workers' Compensation and Rehabilitation Act 2003



This *Application for Compensation—Asbestos Injury* form is an approved form under section 132 of the *Workers' Compensation and Rehabilitation Act 2003*. Please complete this form using blue or black pen. If you need more space to complete any question, please include a separate page with this form.

Applicant's details

1 Surname or family name

2 Given names

Title

3 Previous name/s (if applicable)

4 Gender male female

5 Date of birth

6 Current residential address

Number/street

7 Postal address

(If this is the same as your residential address please write 'as above')

Suburb/town

Postcode

8 Contact details

9 Do you need a translator? yes no

If yes, what language?

Employment details

10 Please indicate if you were employed as one or more of the following at the time of your injury:

- | | |
|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> a worker | <input type="checkbox"/> a volunteer |
| <input type="checkbox"/> a community service worker | <input type="checkbox"/> a director of a corporation |
| <input type="checkbox"/> a jockey | <input type="checkbox"/> a member of a partnership |
| <input type="checkbox"/> a self-employed individual | <input type="checkbox"/> a trustee |
| <input type="checkbox"/> a student | <input type="checkbox"/> a contractor |

Injury details

11 Have you ever claimed for a work-related asbestos injury?

yes no

If yes, was it in your current name or another name? Please specify:

12 What is your injury diagnosis?

13 When did you first experience symptoms that are related to your diagnosis?

Date or over a period of time.

14 When did you first see a doctor about these symptoms?

Date

15 Provide details of your treating doctors below

(If you need more space, please include a separate page)

16 Have you been seen at a hospital for your injury? yes no

If yes, when did you first go to a hospital for your injury?

Date

17 What treatment have you had for your injury?

18 Provide contact details for any witnesses to your exposure or injury
(We may contact these people to take statements from them about your injury. If you need space, please include a separate page.)

19 At the time of your exposure to asbestos, did you advise your employer about your exposure or injury? yes no not sure

If yes:

• when did you advise your employer? Date

• who did you report your exposure or injury to?

20 Where did your injury happen?

- working at your normal workplace
 at work on a break
 on a journey to or from work
 away from work during a recess period
 working away from your normal workplace

24 Who is the employer where you had the most of your asbestos exposure?

25 Are you currently employed? yes no

If yes, please provide the details of your current employer

Important information—read before signing this form

Applicant's statement

I have read the information provided with this form. I acknowledge that it is an offence against the *Workers' Compensation and Rehabilitation Act 2003* to make a statement that is false or misleading. The information I have provided is true and not misleading.

I agree to advise WorkCover Queensland if my circumstances change or if I become aware of any matter that would make the above information false or misleading. In particular, I will advise WorkCover Queensland if my employment status changes during the currency of my claim.

I authorise any doctor, health authority, allied health provider, rehabilitation provider or other insurer to disclose to WorkCover Queensland and its agents any information about my medical history relevant to this claim.

I understand WorkCover Queensland may be required or authorised by law to release information or documents to other parties.

Date / /

If you are unable to complete this form because of a physical or mental incapacity, someone may complete the form on your behalf.

This form was approved by the Chief Executive Officer of Q-COMP, the Workers' Compensation Regulatory Authority, on 23 June 2006 pursuant to section 586 of the *Workers' Compensation and Rehabilitation Act 2003*.

This section is not part of the approved form. This information will help WorkCover Queensland to gather information about your claim and to process any claims payments you

Have you ever been a member of a union during your working life?

yes no

If yes, give details

Payment details

WorkCover Queensland makes compensation and benefit payments by electronic funds transfer (EFT). You must complete this section to receive payments if your application is accepted.

This payment section of the form will only be used to process compensation and benefit payments once an application is accepted.

The information you provide in this section is confidential. Your banking details will only be used during your claim.

If you do not complete your banking details now, WorkCover Queensland will need to collect these details from you before we can make a payment by EFT. This will delay you receiving compensation and benefit payments.

Personal details

1 Surname or family name

2 Given names

Title

3 Current residential address

Bank details

4 Name of bank, building society or credit union

5 Branch where your account was opened

6 Type of account (e.g. cheque or savings)

7 BSB number

(please see the information pages for assistance if needed)

8 Account number

9 Account held in the name/s of

Special note: If you are providing a copy of this completed form to your employer, you may want to remove this page so that your banking details remain confidential.

Date / /