

quick info

Workers need to:

- notify employers about injuries
- see a doctor and get a *Workers' Compensation Medical Certificate*.

Claims should be lodged with us as soon as possible. We will assess your claim according to workers' compensation legislation and advise you of the outcome.

lodge a claim

- Online** at www.workcoverqld.com.au
- By phone** on 1300 362 128
- Through a doctor**
- By fax** on 1300 651 387
- By post** to GPO Box 2459, Brisbane Qld 4001

Before you complete this form, please tell us if you are:

- an injured worker
- an employer
- an injured worker and employer completing the form together

Worker's details

1 Surname or family name

2 Given names Title

3 Previous name/s (if applicable)

4 Date of birth / /

5 Gender male female

6 Current residential address

Number/street	
<input type="text"/>	
Suburb/town	Postcode
<input type="text"/>	<input type="text"/>

7 Postal address
 If this is the same as the residential address please write 'as above'

Number/street	
<input type="text"/>	
Suburb/town	Postcode
<input type="text"/>	<input type="text"/>

8 Contact details

Home telephone
Work telephone
Mobile telephone
Email

9 Worker's bank details
 We pay claim and medical reimbursement payments by electronic funds transfer

Bank name	
<input type="text"/>	
BSB number	Account number
<input type="text"/>	<input type="text"/>
Account name	
<input type="text"/>	

10 Was the worker any of the following at the time of the injury?

<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 student	<input type="checkbox"/> a trustee
<input type="checkbox"/> a contractor	<input type="checkbox"/> self-employed
<input type="checkbox"/> a worker for another employer	<input type="checkbox"/> a volunteer

Injury details

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

no

yes, if yes was it in your current name or another name?

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 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 more space, please include a separate sheet).

Name
Telephone

Name
Telephone

Name
Telephone

Name
Telephone

16 At the time of your exposure to asbestos, did you advise your employer about your exposure or injury?

no

not sure

yes, if yes who did you advise and when?

17 Did the injury happen:

- working at the normal workplace?
- in a road traffic accident while working?
- at work on a break?
- on a journey to or from work?
- away from work during a recess period?
- working away from the normal workplace?

18 Who is the employer where you had the most asbestos exposure?

19 Are you currently employed?

no

yes, if yes please provide details of your current employer

Name
Occupation
Number/street
Suburb/town Postcode
Telephone

