

A worker has been injured at work. What do I do?

Information for employers

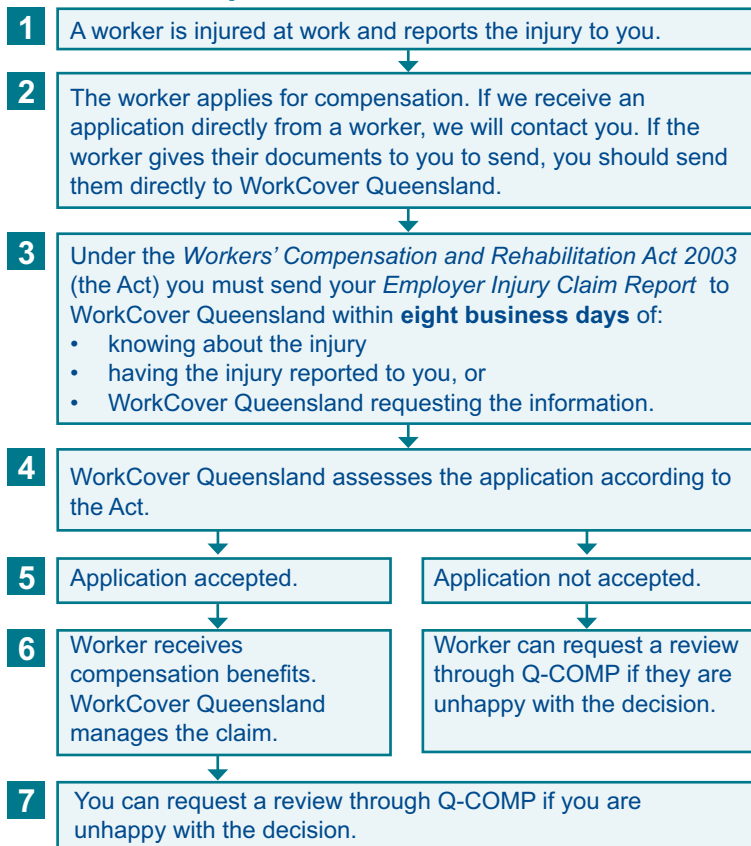


This document

This form can be used by employers to report and lodge a workers' compensation claim in either Queensland, Victoria or New South Wales. This workers' compensation claim will be assessed by WorkCover Queensland under the *Workers' Compensation and Rehabilitation Act 2003* (the Act).

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.

The claim process



Who can make an application?

Under the Act, anyone defined as a 'worker' who has sustained an 'injury' and whose employment was a 'significant contributing factor' can apply for workers' compensation.

A worker can apply for compensation regardless of who or what caused the work-related injury.

What do I need to do?

If a worker applies for compensation, you must complete an *Employer Injury Claim Report* form and send it to WorkCover Queensland.

You are required by law to send your *Employer Injury Claim Report* form to WorkCover Queensland within eight business days of:

- knowing about the injury
- your employee reporting the injury to you, or
- WorkCover Queensland requesting the information from you.

If your worker has given you their application to send, you should send it directly to WorkCover Queensland.

Delays in lodging application documents can cause an increase in the length of a claim, which may impact on the claim's cost and your premium.

Filling out this form

You need to answer each question on the *Employer Injury Claim Report* form, unless the question is only required for New South Wales or Victoria claims. If you need help completing this form, you should call WorkCover Queensland on **1300 362 128**.

Normal weekly earnings (NWE)

When completing the report you need to provide details of the worker's wages/salary. This includes the amount payable under the applicable industrial instrument (if any) as well as the worker's normal earnings. This information is used to calculate compensation benefits if WorkCover Queensland accepts the application and the worker needs time off work because of the injury.

What are normal weekly earnings?

Normal weekly earnings are the weekly earnings of the worker during the 12 months prior to the injury. If the worker has not been employed for 12 months then the earnings for the period they have been employed should be used.

Normal weekly earnings are not necessarily the same as average weekly earnings. Average weekly earnings are the average of all amounts paid to the worker. Normal weekly earnings takes into account only regular payments made to the worker, which would have continued if not for the injury.

What if a worker has not worked for you for 12 months?

If a worker changed jobs during the last 12 months, only the amounts paid by the employer at the time of the injury are used. For example, if a worker was a diesel fitter for six months then changed employment to a meatworker and was then injured, the worker's normal weekly earnings are only calculated from their employment as a meatworker.

What if a worker held two jobs at the time of the injury?

You will need to provide information on the wages/normal weekly earnings that you pay to your worker. WorkCover Queensland will contact any other employers the worker had at the time of the injury to determine what other wages need to be taken into account.

Calculating normal weekly earnings

A normal weekly earnings calculator is available on our web site at www.workcoverqld.com.au. Normal weekly earnings take into account the amounts you regularly paid the worker immediately prior to the injury including:

- salary/wages
- overtime
- higher duties
- penalties
- allowances (except those listed below).

These amounts must be regular payments that would have continued if the worker had not been injured.

Normal weekly earnings do not include:

- allowances payable in relation to travelling, car, relocation, meal, education, living in the country or away from home, entertainment, clothing, tools and vehicle expenses
- employer contributions to a superannuation benefits scheme (other than contributions made from money payable to the worker)
- lump sum payments on termination of a worker's services for superannuation, annual or long service leave, or other purposes
- an amount payable to a worker as an employer excess payment for an injury.

A worker has been injured at work. What do I do?

Information for employers



Example 1

Worker is injured on 28/03/06. Their weekly earnings prior to injury were:

Week ending	Ordinary time	Overtime	Allowances
03/02/06	\$420.00	80.00	\$0.00
10/02/06	\$420.00	80.00	\$0.00
17/02/06	\$420.00	80.00	\$0.00
24/02/06	\$420.00	80.00	\$0.00
03/03/06	\$420.00	40.00	\$0.00
10/03/06	\$420.00	80.00	\$0.00
17/03/06	\$420.00	80.00	\$0.00
24/03/06	\$420.00	80.00	\$0.00
Normal weekly earnings			\$500.00

In this example, the payments for overtime are included in the calculation of normal weekly earnings as the overtime was regularly paid to the worker immediately prior to the injury.

Example 2

Worker is injured on 28/03/06. Their weekly earnings prior to injury were:

Week ending	Ordinary time	Overtime	Tool allowance
03/02/06	\$420.00		\$20.00
10/02/06	\$420.00		\$20.00
17/02/06	\$420.00	\$180.00	\$20.00
24/02/06	\$420.00	\$160.00	\$20.00
03/03/06	\$420.00		\$20.00
10/03/06	\$420.00		\$20.00
17/03/06	\$420.00		\$20.00
24/03/06	\$420.00		\$20.00
Normal weekly earnings			\$420.00

In this example the payments for overtime are not included in the calculation of normal weekly earnings as the overtime was not regularly paid to the worker immediately prior to the injury.

The tool allowance is not included as it is an allowance that is specifically excluded from the definition of 'wages'.

What happens if the figure I provide is incorrect?

If the figure you provide is incorrect, the worker may be overpaid or underpaid. If the worker is overpaid, the worker may have to repay WorkCover Queensland this amount.

A common mistake is to provide a fortnightly amount rather than a weekly amount—make sure you provide a weekly amount.

What should I do if I'm not sure?

If you are not sure what amounts you should take into account when calculating normal weekly earnings, you should call WorkCover Queensland on **1300 362 128**.

Excess

What is 'excess' and when should I pay it?

The excess is compensation paid directly to the worker by the employer. You can insure against the employer excess by taking out the excess buyout option when you renew your policy.

You need to pay the excess if we accept the worker's application and if the worker is entitled to weekly compensation. We will advise you if the application is accepted and the amount of excess you must pay to the worker.

Remember, you must pay the worker in full at their usual rate for the whole day of the injury.

How do I lodge the report form?

You need to send the completed and signed report form to WorkCover Queensland.

By fax

You do not need to use a cover page when you fax your *Employer Injury Claim Report* form to WorkCover Queensland.

You can fax your report to WorkCover Queensland on **1300 651 387**. You do not need to send us the original of your fax, you can keep this original for your own records.

By post

Post your completed *Employer Injury Claim Report* to GPO Box 2459, Brisbane Qld 4001.

How will the application be assessed?

Once WorkCover Queensland has the *Employer Injury Claim Report* form and other necessary documents (for example, *Application for Compensation* or witness statements) WorkCover Queensland will assess the application.

To help reach a decision, WorkCover Queensland may talk to you (or your nominated representative such as the worker's supervisor), the injured worker, witnesses or the worker's treating doctor.

For applications for psychological/psychiatric injuries (such as depression or anxiety) WorkCover Queensland may engage an independent interviewer to gather information from the worker and other workers.

WorkCover Queensland decides most applications within two weeks, however, some applications take longer. A decision will be delayed if WorkCover Queensland does not have enough information or if WorkCover Queensland needs to organise independent medical assessments.

I don't think the injury should be a workers' compensation claim—can I disagree?

WorkCover Queensland assesses each application according to the Act and will only reject an application if it does not meet the relevant criteria.

Anyone injured during work can apply for workers' compensation for a work-related injury, regardless of who or what caused the work-related injury.

WorkCover Queensland will determine whether the applicant is a 'worker', whether they suffered an 'injury' and whether their employment was a 'significant contributing factor' (as defined in the Act).

A worker has been injured at work. What do I do?

Information for employers



Even if the injury didn't happen in the workplace, it may still be covered if it happened:

- on a work break
- while working away or travelling between worksites
- while working interstate or overseas
- travelling between work and home, for example, on the way to or from work (this is called a journey claim—these claims do not directly affect your insurance premium).

If you do have concerns about a worker's application, you should note them on your *Employer Injury Claim Report* form and discuss them with us. You must still send your form to WorkCover Queensland as soon as possible. A worker can access a copy of your *Employer Injury Claim Report* form through the [ABC](#) and as required by law, for example, [§ 44\(1\)\(a\)](#).

Üa @Ä Ä +{| æ} ÁBoGEEJÄ :Ä +{| æ} Äi:ä& ÁBoGEEJÈ

The decision

Will I be contacted about the decision?

Yes. WorkCover Queensland will contact you to advise you of our decision on the claim.

Depending on the injury, benefits may include:

- weekly compensation payments
- medical treatments costs (for example, doctor, physiotherapy)
- hospitalisation costs
- travelling expenses
- rehabilitation costs, and
- lump sum compensation for any permanent impairment.

What happens if I don't agree with the decision?

If you do not agree with WorkCover Queensland's decision, you can apply to Q-COMP for a review. Q-COMP is the Workers' Compensation Regulatory Authority.

If the worker does not agree with WorkCover Queensland's decision, the worker can also apply for a review.

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

Can I pay the compensation myself?

No. Employers paying claims is a contravention of the Act.

Under the Act, WorkCover Queensland must pay claim costs including medical expenses. The only expenses that employers are required to pay are the worker's wages for the day of the injury and the employer excess (if applicable).

Your privacy

When you fill out this form, WorkCover Queensland may collect some personal information from you. We collect this information so we can provide you and your business with workers' compensation services.

If you provide us with your personal information and it is not complete or accurate, we may not be able to provide you with our services. If any details you supply us change, or you believe the personal information we hold about you is inaccurate, please contact us. We will take steps to update or correct your personal information.

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 us on **1300 362 128**.

Helpful hints

- Encourage employees to approach your First Aid Officer or Rehabilitation and Return to Work Coordinator as soon as possible after the injury happens.
- Read the information provided with the *Employer Injury Claim Report* form before you sign it.
- Lodge your *Employer Injury Claim Report* form within the eight business days legal requirement.
- Only disagree with claims you have a genuine concern about—unnecessary investigation can lead to longer duration claims and therefore increased claim costs.
- Keep in touch with your worker. Find out if there are any work tasks they won't be able to do and start to think about suitable duties if necessary—on-the-job rehabilitation is the best way to get an employee back to work, safely and quickly.
- Maintain normal job security for your employee.

How can I help to reduce financial burdens?

Some applications can take up to three months to assess. You may want to talk to your worker about leave options such as sick leave or annual leave to help relieve any financial distress they may be feeling during this time.

Your responsibilities

Your responsibilities include:

- making sure information you provide is true and not misleading
- letting WorkCover Queensland know if you arrange any suitable duties or reduced hours with the injured worker
- taking every reasonable step to help with a worker's rehabilitation while they are receiving compensation benefits.

Contacting WorkCover Queensland

You can contact WorkCover Queensland on **1300 362 128** for more information about your worker's application. You can visit our web site for more information www.workcoverqld.com.au

Other contacts

Q-COMP—Workers' Compensation Regulatory Authority

If you have questions about your review and appeal rights you should contact Q-COMP on 1300 361 235 or visit their website at www.qcomp.com.au.

Workplace Health and Safety

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



EMPLOYER INJURY CLAIM REPORT

Please indicate in which State you want to lodge this claim:

New South Wales
 Queensland
 Victoria

1 EMPLOYER'S DETAILS

Legal name

Trading name

Employer's scheme registration number

eg. WorkCover Employer, Policy, or Employer Registration Number

Employer's reference number *(Your reference)*

** This question is required for NSW claims*

*** Policy period of insurance**

/ / to / /

Street address

Suburb

State

Postcode

Postal address

Australian Business Number

ACN/ARBN

Division

Cost Centre

What is the main business activity at the incident site?

Name, position, and daytime contact number of employer contact

Name and daytime contact number of the return to work coordinator (if any)

Address for correspondence relating to this claim

Postal address

State

Postcode

Employer contact e-mail address

If you need an interpreter, what language do you speak?

When did you receive the worker's completed claim form?

 / /

When did you receive the worker's first medical certificate?

 / /

2 WORKER'S DETAILS

Family name

Given names

Street address

Suburb

Postcode

Daytime contact phone number/s

M W H

Date of birth

Gender

 / /

Male
 Female

3 WORKER'S EMPLOYMENT DETAILS

Street address of the worker's usual workplace

Suburb

State

Postcode

This question is required for NSW claims

How many workers are employed at this workplace?

This question is required for Victorian claims

Workplace number for worker's usual workplace

If the incident did NOT happen at one of your workplaces, please give the name of the employer responsible for the workplace

Employer's name

What is the worker's usual occupation?

What are the main tasks performed by the worker in their usual occupation?

Which of the following apply to the worker?

(Please tick all relevant boxes)

- Full-Time
 Part-Time
 Apprentice
 Student
 Volunteer
 Contract
 Trainee
 Agency worker
 Contractor
 Permanent
 Temporary
 Seasonal
 Jockey

Other?

When did this worker start working for you?

 / /

** These questions are required for NSW and QLD claims*

Is the worker employed under any of the following?

- Federal award
 Registered industrial agreement
 State award
 No agreement or award
 WCA Jobcover Program
 Registered enterprise agreement

* What is the title of the award or agreement?

What is the worker's minimum weekly wage?

As specified by the award or agreement

\$

4 WORKER'S RETURN TO WORK DETAILS

If the worker has returned to work, please provide the date

 / /

What duties are they doing?

- Full
 Suitable/Modified

How many hours do they work each week? hrs

How many days have been lost? days hrs

Have you provided the worker with a return to work plan, taking into account the injury/condition?

Please attach a copy of the return to work plan or agreement, or please explain why you have not provided a plan.

If the worker has not returned to work, do you know of any issues that would delay or prevent a return to work?

5 CLAIM CONFIRMATION DETAILS

Do you agree that the details provided in sections 2 & 4 of the Worker's Injury Claim Form are correct? Yes No

Do you accept that your worker has an injury/condition which is work-related and occurred while in your employment? Yes No

Note: If you agree the injury is work-related, and believe that the details provided in sections 2 & 4 of the Worker's Injury Claim Form are correct, you do not need to complete the remainder of this form except for section 9, which MUST be completed. Otherwise, please complete any relevant questions in sections 6, 7 and 8 of this Report.

6 WORKER'S EARNING DETAILS

Please complete this section if you wish to claim for weekly payments

How many standard hours did the worker work each week before being injured? Exclude overtime hrs

What were the worker's usual working hours? For example, Monday to Friday, 8.30 am to 5.30 pm

What was the worker's usual gross hourly rate? Exclude overtime & shift allowances \$

What was the worker's usual gross weekly earnings? Exclude overtime & shift allowances \$

Please provide details of any overtime or shift work
Average weekly overtime hrs \$

Weekly shift allowance \$
Please provide payroll records covering the 12 months prior to injury

7 INCIDENT DETAILS

What is the worker's injury/condition, and which parts of the body are affected?

What happened and how was the worker injured?

What is the street address where the incident occurred?

Suburb

State

What date and time did the injury occur? / / AM PM

What date and time did the worker first cease work? / / AM PM

Which of the following incident circumstances apply?

- While working at the usual workplace
- While working away from the usual workplace
- During a meal-break or authorised recess at work
- While away from work during a recess
- Travelling to or from work*
- A motor vehicle accident while working*

* For NSW incidents a journey claim form must be completed

If the injury was the result of driving or using a motor vehicle or the use of public transport, please provide the registration number/s of any vehicles involved

State

Has the worker had a similar injury/condition or personal injury claim before that relates to this injury/condition?

Please give details, including claim numbers

When did the worker report the injury to you?

/ /

Who was the injury reported to?

What are the names and daytime contact details of any witnesses?

Do you believe that the injury/condition was caused or contributed to by the worker, or a third party such as a manufacturer or supplier? Please give details if relevant

8 ADDITIONAL INFORMATION

Do you want to provide any additional information that may assist in the determination of liability or the management of this claim? eg. Do you dispute liability, and, if so, why?

9 EMPLOYER'S DECLARATION

I have read the information provided in this form. I declare that the information I have supplied in this form, and any attachment 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.

Signature of employer's representative Date / /

Name

Position