

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

## Information for workers

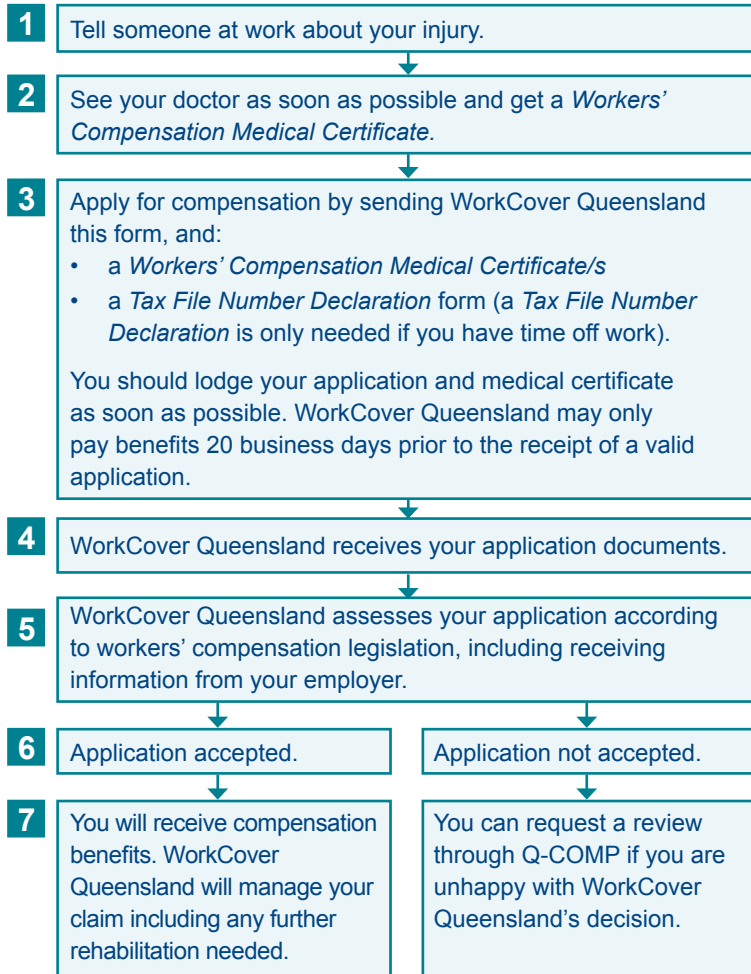


The *Application for Compensation* form is an approved form under the *Workers' Compensation and Rehabilitation Act 2003*. The general information contained on this and the following two pages are not part of the approved form. This information will help you to understand your obligations and the WorkCover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

### The claim process



### Report your injury to your employer

If you suffer an injury at work or travelling to or from work, you should report your injury to your employer (for example, your supervisor)—even if it is minor.

### See your GP

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

### Applying for workers' compensation

Under the *Workers' Compensation and Rehabilitation Act 2003* (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.

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 enclosed *Application for Compensation* 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.

If you need help filling out your application or you need a translator, you can call WorkCover Queensland on **1300 362 128**. You can also talk to your employer or union.

### Do I need a medical certificate?

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

### Do I need a Tax File Number Declaration?

If you have time off work because of your injury and your application is accepted, you may receive weekly compensation payments.

WorkCover Queensland asks you to provide a completed *Tax File Number Declaration* when you apply for compensation. This will allow WorkCover Queensland to deduct the correct rate of tax, otherwise you will be taxed the compulsory maximum charge for people without a tax file number.

### How do I lodge my application?

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

#### Online

Visit our web site at [www.workcoverqld.com.au](http://www.workcoverqld.com.au) to lodge your *Application for Compensation* online.

#### By phone

You can lodge your application over the phone by calling WorkCover Queensland on **1300 362 128**.

#### Through your treating doctor

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

#### By fax

You do not need to use a cover page when you fax your *Application for Compensation* 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.

### Assessing your application

#### How is my application assessed?

WorkCover Queensland will assess your application according to the Act. This includes determining:

- whether you are a 'worker' as defined in the Act
- whether you suffered an 'injury' as defined in the Act
- whether your employment was a significant contributing factor to your injury as defined in the Act.

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### How long will it take to be assessed?

WorkCover Queensland is committed to making decisions as quickly as possible. Most applications are decided within two weeks.

WorkCover Queensland must make a decision within 20 business days of receiving your application and *Workers' Compensation Medical Certificate/s*.

If WorkCover Queensland hasn't made a decision within this time, you may have the right of review by applying to Q-COMP.

### 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 provide 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.

### Reducing financial burdens

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

- visit Centrelink—who offer 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.

### What happens if I get treatment before my application has been assessed?

Your treatment is directed by your treating doctor. WorkCover Queensland can only cover the cost of your treatment if your application is accepted.

If your doctor is planning expensive treatment options (such as admission to a private hospital for surgery or complex rehabilitation programs) you or your doctor should contact WorkCover Queensland as soon as possible by calling **1300 362 128**.

Your doctor needs to get prior approval from WorkCover Queensland for any private hospitalisation costs to be covered.

If you are admitted to a private hospital on the date of injury, WorkCover Queensland will only pay for four days of treatment (if the application is approved). Prior approval will still need to be sought from WorkCover Queensland for any additional days.

### I have private health insurance—can I use it?

Private health funds may not cover the cost of treatment for work-related injuries. You should check with your fund to find out if it will cover treatment while we assess your application.

If your health fund covers the cost of treatment while your application is being assessed, you may have to repay those costs to your private health fund if you then receive workers' compensation benefits.

Payments or reimbursements for your treatment are limited to the maximum available under the Q-COMP Table of Costs. If your providers charge a fee above this, you will have to pay a 'gap fee'.

You should discuss the level of fees with your doctor/s or allied health providers (for example, physiotherapist) before consultations or treatment occur.

### Payment information

Although it is not part of the approved form, to receive your benefits sooner, you should 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.

## The decision

### What does the decision mean?

If WorkCover Queensland accepts your application, you will receive workers' compensation benefits and, if needed, start rehabilitation.

If WorkCover Queensland doesn't accept your claim, we will contact you to explain why.

### What happens if my claim is accepted?

You may be transferred from assessing to the case managing and rehabilitation team. This means you will have a new contact for your claim.

### 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, the workers' compensation regulatory authority, for a review. If your employer doesn't agree with WorkCover Queensland's decision to accept your application, they can also apply for a review.

If you have any 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](http://www.qcomp.com.au).

## Workers' compensation benefits

Depending on your injury, your benefits may include:

- weekly compensation payments
- medical treatments costs (e.g. physiotherapy)
- hospitalisation costs
- travelling expenses
- rehabilitation costs
- lump sum compensation for any permanent impairment.

If you have time off work because of your injury, you may be entitled to weekly compensation. These weekly benefits are paid fortnightly into your bank account. We use different methods to decide how much weekly compensation you'll be paid.

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### Rehabilitation—assisting with recovery and return to work

Minor injuries may not require rehabilitation, but others almost certainly will.

Your rehabilitation and return to work are controlled by your doctor.

WorkCover Queensland can help set up rehabilitation for you and will work with other parties involved in your rehabilitation.

Your employer can help with ensuring that there are suitable duties available for you to start your safe return to work.

Taking part in rehabilitation is a positive step that can help you regain your pre-injury earning power and return to work, your family life, and leisure enjoyment. Your rehabilitation and return to work are WorkCover Queensland's priorities.

If you have severe injuries, our special advisory service can help you with the challenging adjustments and lifestyle changes that may be necessary.

### 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 Act 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 for an offence under the Act.

### 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](http://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](http://www.workcoverqld.com.au).

### Other contacts

#### Q-COMP—workers' compensation regulatory authority

If you have any general 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](http://www.qcomp.com.au). For queries relating to reviews and appeals, call 1300 739 021.

#### Workplace Health and Safety

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

# Application for Compensation 132.WC

## Workers' Compensation and Rehabilitation Act 2003



This *Application for Compensation* 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

Suburb/town  Postcode

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

Number/street

Suburb/town  Postcode

**8** Contact details  
 Home telephone  Work telephone

Fax number  Mobile number

Email address

**9** Do you need a translator?  yes  no If yes, what language?

**10** What are you claiming for:  
 time off work (other than the day of your injury)  
 medical expenses  
 record purposes only (to let WorkCover Queensland know of my injury).  
 If you are claiming for time off work or medical expenses, please refer to the payment details section on the next page.

### Employment details

**11** What is your occupation?

**12** Employer's full company name and business address  
 Full name

Number/street

Suburb/town  Postcode

Telephone

**13** Employer's trading name (if applicable)

**14** When did you commence employment with your current employer?  
 Date

**15** 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

**16** What was your employment type at the time of the injury?  
 part time  full time  
 Were you permanent or casual?  
 permanent  casual

### Injury details

**17** When did your injury happen?  
 If your injury happened over time, please go to question 18.  
 Date  Time :  am/pm

**18** Did your injury happen over a period of time?  yes  no  
 If yes, when did you first experience symptoms?  
 Date

**19** What is the nature of your injury and what part of your body is injured?  
 (Please list all specific injuries e.g. cut right index finger, sprained left ankle, lower back injury.)

**20** How did the injury happen?  
 Please explain what you were doing at the time of your injury and how your injury happened (e.g. lifting steel rods from the floor to a bench).

**21** Where did the injury happen? (e.g. workshop floor, 6 Smith St, Smithtown)  
 Place   
 Number/street   
 Suburb/town  Postcode

**22** Did the injury happen:  
 working at your normal workplace?  
 in a road traffic accident while you were working?  
 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?

**23** Did you advise your employer about your injury?  yes  no  
 (e.g. verbally or by written report) If yes:  
 a) when did you advise your employer? Date   
 b) who did you report the injury to?

**24** Have you previously suffered any similar injuries or conditions?  
 yes  no If yes, please provide details

### 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.

Applicant's/Agent's signature   
 Full name   
 Date

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

Tear here to detach this form to fax it to WorkCover Queensland on fax 1300 651 387

This page is not part of the approved form. This information will help WorkCover Queensland to process any claims payments you may receive.

## 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

Number/street

Suburb/town

Postcode

### 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.

Applicant's signature

Full name

Date

## Important information

Before you send this form, please check that you have:

- read the information provided with this form
- answered all of the questions
- read the applicant's statement section
- included your *Workers' Compensation Medical Certificate/s*
- included your *Tax File Number Declaration* (if required)
- signed this form.

If you have ticked all these boxes, you can lodge your *Application for Compensation* form with WorkCover Queensland.

## How do I lodge my application?

Once you have completed and signed your application, you need to send the form, your *Workers' Compensation Medical Certificate/s* and your *Tax File Number Declaration* to WorkCover Queensland.

### Online

Visit our web site [www.workcoverqld.com.au](http://www.workcoverqld.com.au) to lodge your *Application for Compensation* online.

### By phone

You can lodge your application over the phone by calling WorkCover Queensland on **1300 362 128**.

### Through your treating doctor

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

### By fax

You do not need to use a cover page when you fax your application for compensation to WorkCover Queensland.

Please put your documents in this order:

- 1** *Application for Compensation* form
- 2** Payment details form (*you need to detach this from your application form*)
- 3** Your *Workers' Compensation Medical Certificate/s*
- 4** Your *Tax File Number Declaration* (if required).

You can then fax your application to WorkCover Queensland on **1300 651 387**. You do not need to send WorkCover Queensland the originals of your fax. You can keep the originals for your own records.

### By post

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

## More information

If you have any questions about completing or lodging this form, or about the claims process, you can call WorkCover Queensland on **1300 362 128**.