



For all injuries to employees please tick one of the following:

- NOTIFY AS A WHS INCIDENT ONLY:**
  - Notify at next WHSC meeting
  - Further investigation required
- NOTIFY AS A WORKERS COMPENSATION CLAIM:** *I wish to lodge a claim for workers compensation for medical expenses and time off work associated with this injury or illness. Please complete Section D below.*

**SECTION D: REQUIRED FOR EMPLOYEE TO BEGIN A CLAIM FOR WORKERS COMPENSATION**

<p><b>1. A NSW Workers Compensation Medical Certificate must be submitted to ISA as soon as possible for all claims – by email to <a href="mailto:future@isasydney.com.au">future@isasydney.com.au</a> or by mail to 242 Young St, Waterloo NSW 2017.</b></p> <p><b>2. NSW legislation caps weekly compensation payments when working in suitable employment. Staff who earn over the capped amount will incur a wage loss until they resume full working hours/duties.</b></p>		
Employment Status: <i>tick one</i> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual		Date Commenced Employment:
Award Wage Rate per week (gross):		Award Hours per week:
Average Weekly earnings: <i>(for casual staff only)</i>		Average Hours per week: <i>(for casual staff only)</i>
Date Ceased work:		Time ceased work:
Current work status: <i>tick one</i> <input type="checkbox"/> Unfit for work <input type="checkbox"/> Fit for pre injury duties <input type="checkbox"/> Fit for suitable duties		Date resumed work:
		Lost hours to date:
Parts of Body Injured:		
Previous Related Injuries:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Single
No. of Dependents:		
Treating Doctors Name:		
Doctors Address:		
Doctors Phone Number:		Doctors Fax Number:
Treatment Program:		
Current Medical Certificate date:		Review date:

Completed by: ..... Signature: .....

Date: .....

Blank Injury and Incident Report forms are available from ISA Staff Office or via the ISA website.

