

Important Please Read

Level 9, 66 St Georges Terrace, Perth WA 6000. GPO Box B50 Perth WA 6001. Telephone (08) 9320 3600 Facsimile (08) 9320 3650 COMPLETE ALL QUESTIONS, PARTIALLY COMPLETED FORMS WILL BE RETURNED. (Print in block letters and circle where appropriate.)							
Employer details							
Full name as per policy Trading Name Policy No. WA Telephone No. Fax No. Email Postal Address: Name of Site and/or Location address where injured person actually works Business Activity/Profession (use 2 words or more) Cost centre							
Injured person's details							
Surname Given Names Address Postcode Telephone No. Date employed / / Place of birth Date of birth / / Height Weight Sex: Male Female Employed: Full Time Part Time Casual Marital Status: Married/De facto Single Occupation Is injured person a contractor or subcontractor? Yes No (If "YES", attach a copy of any written agreement or contract, together with twelve months of their invoices if applicable.							
Is she/he a director							
Injury details							
Date of injury / / Time of injury am/pm Date Employee Claim form received / /							
To whom was accident reported Position Date first medical received / /							
Name and address of witness Postcode							
Location address where injury occurred Postcode							
Where did the accident occur? At work During work break Away from work during a break Travelling to or from place of employment							

DO YOU SUPPORT THIS CLAIM Yes

No

Injury details continued	
How did the injury occur?	What was the injured person doing at this time?
Was the injured person performing his/her normal duties?	Yes No
If "No", why were they doing this task?	
Is protective equipment/clothing required for the task?	Yes No
If "Yes", what type?	
Was the above clothing/equipment being worn at the time of the injury?	Yes No
If "No", why?	
Is this a recurrence/aggravation?	Yes No
If "Yes", provide details of previous injury including the Insurer's claim number in	f known?
Describe the injured person's injury or condition (e.g. laceration, dermatitis)	Which part of the body is injured (e.g. left upper arm, right ankle)
Was First Aid treatment given?	Yes No
If "Yes", by whom?	What treatment was provided and for what period?
Name of Doctor first attended	Hernital admitted to and date
Name of Doctor first attended	Hospital admitted to and date
Give details of any other circumstances that would assist GIO to asset (Include in here queries as to the validity of the claim e.g. misconduct, skylarking	
(include in here queries as to the validity of the claim e.g. misconduct, skylarking	or pre-existing disabilities contributing to the injury or accident.) In my opinion.
Time loss details (show N/A if there is no lost time)	
	If work has not been resumed what is
Date ceased work Time Date work resumed	d Time anticipated date of return
/	am/pm / /
Weekly compensation (complete only if there is or will be lost time [e.g. su	rgery anticipated])
How many days per week? and hours per day?	does the injured person work? Yes No
What is the start time? and finish time?	Is this the same every day? Yes No
II No , piease provide details	
	J 2 Oth
Please show whether the injured person is employed under: 1. Industrial Award	d or 2. Other
If option 1: What is the full name of the Award?	is it: State or Federal?
What is the full fluine of the Award:	is it. State of Federal:

Weekly com	npensation continu	ed					
Please also o	omplete the 13 week	s wage information b	elow to enable us to	advise you of the cor	rrect rate of pay or pro	ovide a print-out of p	payment records.
Week No	Week Ending	No. of Hours Worked	Award Rate \$	Overtime \$	Allowances \$	Other \$	Total \$
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
			AVERAGE (+13)	\$		GRAND TOTAL	. \$
		cal amount paid to the Employed" is comple			mediately prior to the	accident or for such	lesser period as
					orint out of pay records	دا	
Total "wages	paid \$	for	l we	eks (blease brovide b	irini olii ol nav record	5)	
	<u> </u>			promote provide p	The out of pay record.		
Rehabilitati	ion			ens (prease promae p	mile out of pay record.		
The Injury Ma	anagement Process in erred to an approved	rehabilitation provider	quires consultation be r for an assessment. A	etween the employer, t	the medical practitions	er and the injured pe r to act on their beha	rson before the injured alf in the consultation nal assessment.
The Injury Ma worker is refe process with Do you have	anagement Process in erred to an approved the medical doctor to	rehabilitation provider o support the employe	quires consultation be r for an assessment. A	etween the employer, t	the medical practitione authorise their insure ational rehabilitation p	er and the injured pe r to act on their beha	alf in the consultation
The Injury Ma worker is refe process with Do you have rehabilitation Has injury ma	anagement Process in erred to an approved the medical doctor to a delegated a coordinator? Yes anagement	rehabilitation provider o support the employe No If Ye	quires consultation be r for an assessment. A e in their appointmer es, name	etween the employer, the total control of an approved vocal of a possible to approve vocal of a possible to a possible	the medical practitione authorise their insure ational rehabilitation p	er and the injured pe or to act on their beha provider for a vocatio	alf in the consultation
The Injury Ma worker is refe process with Do you have rehabilitation Has injury ma commenced?	anagement Process in erred to an approved the medical doctor to a delegated a coordinator? Yes anagement	rehabilitation provider o support the employe No If Ye	quires consultation be r for an assessment. A ee in their appointmer es, name	etween the employer, the total control of an approved vocal of a possible to approve vocal of a possible to a possible	the medical practitione authorise their insure ational rehabilitation p	er and the injured pe or to act on their beha provider for a vocation	alf in the consultation nal assessment.
The Injury Ma worker is refe process with Do you have rehabilitation Has injury ma	anagement Process in erred to an approved the medical doctor to a delegated a coordinator? Yes anagement	rehabilitation provider o support the employe No If Ye	quires consultation be r for an assessment. A e in their appointmer es, name	etween the employer, the total control of an approved vocal of a possible to approve vocal of a possible to a possible	the medical practitione authorise their insure ational rehabilitation p	er and the injured pe or to act on their beha provider for a vocation	alf in the consultation
The Injury Ma worker is refe process with Do you have rehabilitation Has injury ma commenced?	anagement Process in erred to an approved the medical doctor to a delegated a coordinator? Yes anagement	rehabilitation provider o support the employe No If Ye	quires consultation be r for an assessment. A ee in their appointmer es, name	etween the employer, the total control of an approved vocal of a possible to approve vocal of a possible to a possible	the medical practitione authorise their insure ational rehabilitation p	er and the injured pe or to act on their beha provider for a vocation	alf in the consultation nal assessment.
The Injury Ma worker is refe process with Do you have rehabilitation Has injury ma commenced? Signature	anagement Process in erred to an approved the medical doctor to a delegated a coordinator? Yes anagement	rehabilitation provider o support the employe No If Ye	quires consultation be r for an assessment. A ee in their appointmer es, name	etween the employer, the total control of an approved vocal of a possible to approve vocal of a possible to a possible	the medical practitione authorise their insure ational rehabilitation p	er and the injured pe or to act on their beha provider for a vocation	alf in the consultation nal assessment.
The Injury Ma worker is refe process with Do you have rehabilitation Has injury ma commenced? Signature	anagement Process in erred to an approved the medical doctor to a delegated a coordinator? Yes anagement Yes	rehabilitation provider o support the employe No If Ye	quires consultation be r for an assessment. A ee in their appointmer es, name	etween the employer, the total control of an approved vocal of a possible to approve vocal of a possible to a possible	the medical practitione authorise their insure ational rehabilitation p	er and the injured pe or to act on their beha provider for a vocation	alf in the consultation nal assessment.
The Injury Ma worker is refe process with Do you have rehabilitation Has injury ma commenced? Signature Employer's I, (print name	anagement Process in erred to an approved the medical doctor to a delegated a coordinator? Yes anagement Yes Declaration peclaration perpendicular of the process in approved to an approved to the medical doctor to the process in approved to the process in approv	rehabilitation provider o support the employe No If Ye	quires consultation be r for an assessment. A ee in their appointmer es, name	etween the employer, the total control of an approved vocal of a possible to approve vocal of a possible to a possible	the medical practitione authorise their insure ational rehabilitation p	er and the injured pe or to act on their beha provider for a vocation	alf in the consultation nal assessment.
The Injury May worker is referencess with Do you have rehabilitation. Has injury may commenced? Signature Employer's I, (print name declare that its source)	anagement Process in erred to an approved the medical doctor to a delegated a coordinator? Yes anagement Yes	rehabilitation provider o support the employe No	quires consultation be r for an assessment. A ee in their appointmer es, name	etween the employer, the total control of an approved vocal of a possible to approve vocal of a possible to a possible	the medical practitione authorise their insure ational rehabilitation p	er and the injured pe or to act on their beha provider for a vocation	alf in the consultation nal assessment.
The Injury May worker is referencess with Do you have rehabilitation Has injury may commenced? Signature Employer's I, (print name declare that true and correct EMPLOYERS 1. a) Th	anagement Process in erred to an approved the medical doctor to a delegated a coordinator? Yes anagement Yes Declaration e, position) the details above are rect in every particular PLEASE NOTE	rehabilitation provider o support the employe No If Ye No If Ye r. Signature	quires consultation be r for an assessment. A e in their appointmer es, name es, what actions have Position	etween the employer, the total content of an approved vocate been taken	the medical practitione authorise their insure ational rehabilitation p	er and the injured pe or to act on their beha provider for a vocation elephone no.	Date
The Injury Ma worker is referencess with Do you have rehabilitation Has injury macommenced? Signature Employer's I, (print name declare that true and correct	anagement Process in erred to an approved the medical doctor to a delegated a coordinator? Yes anagement Yes Declaration e, position) The details above are rect in every particular PLEASE NOTE is notice of claim muspect of the claim.	rehabilitation provider o support the employe No If Ye No If Ye r. Signature	quires consultation be r for an assessment. A e in their appointmer es, name es, what actions have Position n 3 days of lodgemer	etween the employer, the total content of claim by the injustration of the content of claim by the injustration of claim by the claim by the injustration of clai	the medical practitione o authorise their insure ational rehabilitation p	er and the injured pe or to act on their beha provider for a vocation elephone no.	Date
The Injury May worker is referencess with Do you have rehabilitation Has injury may commenced? Signature Employer's I, (print name declare that true and correct true and cor	anagement Process in erred to an approved the medical doctor to a delegated a coordinator? Yes anagement Yes Declaration e, position) The details above are rect in every particular PLEASE NOTE is notice of claim muspect of the claim.	rehabilitation provider o support the employe No If Ye No If Ye r. Signature st be forwarded within	quires consultation be r for an assessment. Are in their appointment es, name es, what actions have Position n 3 days of lodgement 1st Medical Certification	etween the employer, the total and approved vocal to an approved vocal to approve vocal t	the medical practitions of authorise their insure ational rehabilitation processes to the control of the contro	er and the injured per to act on their behaviorovider for a vocation elephone no. Date	Date

