

The Employer Injury Claim Report is an official document you, as the employer, should complete and send to your Agent. It is a record of your details, your worker's details, particulars of the incident, and an opportunity for you to provide additional information, such as disputing liability.

WorkSafe encourages employers to complete this report.

## As the employer you need to:

- Confirm with your worker in writing that you've been notified of this claim (you can do this by giving them a copy of the Worker's Injury Claim Form after you sign it)
- Forward these documents within the timeframes below or you may be financially penalised
- Keep a copy of all documents for your records.



- **If the claim is accepted**, pay the worker weekly payments
- Make sure you provide your Agent with full details of your worker's earnings. This can include a pay slip, payroll report or other document with earnings details. A form is available on the WorkSafe website which will help you accurately declare all of your worker's earnings. Please refer to the back page of this report for more information about a worker's earnings.

The Agent will write to you and advise you if the claim has been accepted.

A decision to accept or reject the worker's claim will usually be made within 28 days from the time the claim is received by the Agent.

## Getting your worker back to work

- Talk with your worker to plan for their return to work as soon as you receive their claim form or WorkSafe Certificate of Capacity (medical certificate).
- Talk to your worker's medical practitioner or healthcare provider about your worker's limitations, what parts of their work they could do and any suitable duties that you may have available. This can help inform the medical practitioner or healthcare provider when they review and evaluate your worker's capacity for work.
- Talk to your Agent about what support is available to help your worker return to work and overcome their injury as quickly as possible.
- When your worker has some capacity for work, provide them with suitable employment. When they no longer have an incapacity for work, provide them with their pre-injury employment.
- Appoint a Return to Work Coordinator, who is competent to help you meet your return to work obligations and support the worker's return to work.

# Employer Injury Claim Report

## Your worker's responsibilities are to:

- Notify you that they've been injured at work as soon as possible, and complete the injury register at the workplace
- Report the accident to the police if the injury was the result of a motor vehicle accident. Otherwise, their claim may not be valid
- See their medical practitioner to obtain a WorkSafe Certificate of Capacity if they want to claim weekly compensation payments, and to give you a copy along with their claim form
- Give you the completed Worker's Injury Claim Form and any WorkSafe Certificate of Capacity as soon as possible after being injured. If your worker has difficulty providing their claim form or any WorkSafe Certificates of Capacity to you, or you refuse to take receipt of these documents, the worker has the right to lodge the claim directly with the Agent
- Work with you to develop a return to work plan (if required).

## For help completing this report or for more information contact:

- Your WorkSafe Agent
- The WorkSafe Advisory Service: Freecall 1800 136 089 or (03) 9641 1444 (Monday to Friday, between 7:30am and 6:30pm).

For more information on your employer return to work obligations, and how you can assist your worker to return to work, refer to the back of this report or visit the website at [worksafe.vic.gov.au](https://www.worksafe.vic.gov.au) and click on 'Claims and recovery', then 'Return to work'.

To find out more about the process of making a claim, and what assistance is available to support the return to work process:

- Contact your Agent
- Refer to the brochure 'What to do if a worker is injured: A guide for employers'
- Visit our website at [worksafe.vic.gov.au/claims-after-injury](https://www.worksafe.vic.gov.au/claims-after-injury)

## Information in your language



Interpreter

For translated information and resources visit [worksafe.vic.gov.au/choose-your-language](https://www.worksafe.vic.gov.au/choose-your-language) or call 131 450 to speak to WorkSafe with an interpreter.

# Employer Injury Claim Report

Complete this form using a dark blue or black pen. Alternatively, you can download the form as a PDF, complete, print and sign. Visit [worksafe.vic.gov.au/resources/employer-injury-claim-report](https://worksafe.vic.gov.au/resources/employer-injury-claim-report)  
The report may be returned to you if it is incomplete.

**Sign the employer's declaration at the end of this report.  
The report cannot be accepted without your signature.**

## 1. Employer's details

|   |             |          |
|---|-------------|----------|
| Legal Name  |             |          |
| Trading Name  |             |          |
| Employer's scheme registration number<br><small>e.g. WorkSafe Employer, Policy, or Employer Registration Number</small> |             |          |
|   |             |          |
| Employer's reference number<br><small>(your reference)</small>  |             |          |
|   |             |          |
| Street address  |             |          |
|   |             |          |
|   |             |          |
| Suburb  | State       | Postcode |
|   |             |          |
| ABN   | ACN / ARBN  |          |
|   |             |          |
| Division  | Cost centre |          |
|   |             |          |
| What is the main business activity at the incident site?  |             |          |
|   |             |          |
|   |             |          |
| Name, position, and daytime phone number of employer contact  |             |          |
|   |             |          |
|   |             |          |
| Name and daytime phone number of the Return to Work Coordinator (if any)  |             |          |
|   |             |          |
|   |             |          |

Postal address for correspondence relating to this claim

|        |       |          |
|--------|-------|----------|
|        |       |          |
|        |       |          |
| Suburb | State | Postcode |
|        |       |          |

Employer contact email address

|  |
|--|
|  |
|--|

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

|  |
|--|
|  |
|--|

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

|                |
|----------------|
| DD / MM / YYYY |
|----------------|

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

|                |
|----------------|
| DD / MM / YYYY |
|----------------|

What is the claim number for this claim (if known)?

|               |
|---------------|
| Claim number: |
|---------------|

## 2. Worker's details

Family name

|  |
|--|
|  |
|--|

Given names

|  |
|--|
|  |
|--|

Street address

|  |
|--|
|  |
|  |

Suburb State Postcode

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Mobile Work Home

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Date of birth Gender

|                |  |                               |                                 |  |
|----------------|--|-------------------------------|---------------------------------|--|
| DD / MM / YYYY |  | Male <input type="checkbox"/> | Female <input type="checkbox"/> |  |
|----------------|--|-------------------------------|---------------------------------|--|

### 3. Worker's employment details

Street address of the worker's usual workplace

  

Suburb State Postcode

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 at which the incident happened

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  Casual  Student   
Apprentice  Volunteer  Contract  Trainee   
Agency worker  Contractor  Permanent  Temporary   
Seasonal  Jockey

Other

When did this worker start working for you?

If the worker is currently an apprentice, or is under 21 years of age, will they be entitled to pay increases under your contract of employment, agreement, or industrial award?

(for example pay increases they receive on their birthday or as they reach certain stages of learning)

Yes  No  NA

If yes, date of next expected pay increase

New rate

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 on which this occurred

What duties are they doing? Full  Suitable/Modified

How many hours do they work each week?

How many days have been lost?

| Days                 | Hours                |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

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

Yes  No

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 questions 2 and 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 questions 2 and 4 of the Worker's Injury Claim Form are correct, you do not need to complete the remainder of this report 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 your worker is claiming weekly payments

How many standard hours did the worker work each week before being injured? (exclude overtime)

What were the worker's usual working hours?

(for example, Monday to Friday, 8:30am to 5:30pm)

What was the worker's usual gross hourly rate?

(exclude overtime and shift allowances)

What were the worker's usual gross weekly earnings?

(exclude overtime and shift allowances)

Please provide details of any overtime or shift work

| Average weekly overtime | Weekly shift allowance |
|-------------------------|------------------------|
|                         |                        |

Please provide payroll records covering the 12 months prior to injury by attaching them to this report

## 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 | Postcode |
|--------|-------|----------|
|        |       |          |

At what date and time did the injury occur?

| Date       | Time |
|------------|------|
| DD/MM/YYYY |      |

At what date and time did the worker first cease work?

| Date       | Time |
|------------|------|
| DD/MM/YYYY |      |

Which of the following incident circumstances apply?  
(please tick all that 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

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?

(e.g. Do you dispute liability, and, if so, why?)

|  |
|--|
|  |
|  |

## 9. Employer's declaration

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

|           |
|-----------|
| Sign here |
|-----------|

|            |
|------------|
| DD/MM/YYYY |
|------------|

Name

|  |
|--|
|  |
|--|

Position

|  |
|--|
|  |
|--|

### Privacy Statement

The information in this form is collected in accordance with Victorian privacy law and with WorkSafe's Privacy Policy, which is available on the WorkSafe website: [worksafe.vic.gov.au/privacy-statement](https://www.worksafe.vic.gov.au/privacy-statement)

# Information for employers and Return to Work Coordinators

## Getting your injured worker back to work

- You must commence planning your worker's return to work as soon as you receive their claim for weekly payments or WorkSafe Certificate of Capacity, even if they do not have a current capacity for work.
- Planning involves obtaining relevant information about your worker's capacity for work and considering reasonable workplace support, aids or modifications. It also involves assessing and proposing suitable employment options, and consulting with your worker, their medical practitioner or healthcare provider and occupational rehabilitation provider (if one is involved).
- If you need assistance with return to work planning or assessing suitable employment options, contact your Agent immediately. Your Agent may approve the use of an occupational rehabilitation provider to help you.
- Send the proposed suitable or pre-injury employment options to the worker's medical practitioner or healthcare provider. This will help them understand the availability of suitable employment, and inform them when making an assessment of the worker's capacity for work.
- WorkSafe's Return to Work Arrangements form may assist you to communicate these suitable or pre-injury employment options to the medical practitioner or healthcare provider.
- Ideally, a Return to Work Arrangements form would be signed by all parties to indicate their support, however it is not mandatory.
- You must provide your worker with clear, accurate and current details of their return to work arrangements, and regularly review and update these as your worker's condition changes over time.
- When your worker has some capacity for work, you have a legal obligation to provide them with suitable employment. When they no longer have an incapacity for work, your legal obligation is to provide them with their pre-injury employment. Employers who do not meet these obligations risk penalties, including fines and prosecutions in the courts.

## Further information available to support your return to work planning

You can obtain information, forms, publications and factsheets to help you plan a worker's return to work from our website, [worksafe.vic.gov.au](https://www.worksafe.vic.gov.au)

Click on 'Claims and Recovery' then 'Return to work'.

This information includes:

- What to do if a worker is injured: a guide for employers
- Useful tools and templates to help you assess and propose suitable employment, and clearly set out a worker's return to work arrangements

You can also contact your Agent for further advice and guidance about return to work planning and preparation.

## Additional support for Return to Work Coordinators

Material, guidance and training are available to help Return to Work Coordinators fulfil their role and assist their employer meet their return to work obligations. For further information, visit the WorkSafe website [worksafe.vic.gov.au](https://www.worksafe.vic.gov.au)

Return to Work Coordinators can also participate in WorkSafe's Return to Work Coordinator training. Go to [worksafe.vic.gov.au/resources/return-work-coordinator-training-calendar](https://www.worksafe.vic.gov.au/resources/return-work-coordinator-training-calendar) to book.

### Calculating entitlement to weekly payments

Weekly payments are calculated based on the worker's pre-injury average weekly earnings (PIAWE) for the 52 weeks before their injury.

If they have been employed by you for less than 52 weeks, their average weekly earnings for the period of employment with you are used.

### What you need to provide about your worker's earnings

So that the Agent can calculate the worker's PIAWE, you will need to provide details of any of the following payments that you have made to the worker in the 52 weeks before the injury (or if the period of employment was less than 52 weeks, in the period of actual employment)

- worker's base rate of pay
- overtime and shift allowances paid
- piece rates, tally bonuses and commissions paid
- non-pecuniary benefits including residential accommodation, use of a motor vehicle, payment of health insurance or payment of education fees
- any salary sacrifice arrangements.

You will also need to tell the Agent of any promotion or voluntary demotion of the worker in the 52 week period before the injury.

If your worker's earnings include any of the items listed above, and are not captured in section 6 of this report you can complete the Calculating Pre-Injury Average Weekly Earnings form that is available on the WorkSafe website, [worksafe.vic.gov.au](https://www.worksafe.vic.gov.au) to ensure you have provided all the worker's earnings details.