

## SURF LIFE SAVING NEW SOUTH WALES INC.

### **WORKCOVER AUTHORITY CLAIM FORM**

All Surf Life Saving members in New South Wales are covered by sections of the Workers Compensation Emergency and Rescue Services Act 1987. This Act is administered by the WorkCover Authority and is extended at no cost to the SLSA member.

#### **1. CLAIMS**

Forwarded claims either through the Branch or to Surf Life Saving NSW. Please ensure that all sections requiring club official signatures are completed by the appropriate official e.i. Club Captain, Club Secretary, Chief Instructor, Club Coach.

#### **2. CLAIM FOR PERSONAL INJURY**

In order that the claim can be dealt with quickly and the benefits available immediately, attention to detail should be given to the following points:

- (a) If there is time lost from work, a medical certificate taking the form of a "**WorkCover Medical Certificate**" must be obtained from the treating doctor and forwarded with the claim.
- (b) A **Employment Declaration Form** should be submitted with the claim form if the applicant is claiming for lost time (this will avoid 51% income tax on payment from WorkCover Authority).
- (c) A **Statement of Earnings** from the employer setting out the average weekly wage and/or actual wages lost shall be completed.
- (d) If the applicant is self employed, they shall provide a Statutory Declaration or a statement from their accountant setting out average weekly income and/or actual rate of pay.
- (e) Additional certificates for further periods off work (as a result of the injury) should be sent promptly (and in advance) to the WorkCover Authority.
- (f) If there are any changes in family or employment circumstances from details given in the claim form (such as a return to work on light duties), the WorkCover Authority must be notified immediately.
- (g) In the event of injury sustained during surf life saving activities, you should inform your medical practitioner that you intend to claim compensation. You may be able to obtain an account which should then be forwarded to Surf Life Saving NSW along with your completed WorkCover Claim Form. Should you pay for any medical expenses, obtain a receipt and forward immediately, however **DO NOT CLAIM ANY MEDICAL EXPENSES THROUGH MEDICARE OR PRIVATE HEALTH INSURANCE**. Once WorkCover have contacted you and you have been allocated a claim number, you should forward all documentation regarding your claim directly to WorkCover. **DO NOT SAVE UP ALL RECEIPTS UNTIL FINAL TREATMENT IS FINISHED**.
- (h) If the applicant claims sick leave from their employer, this does not prevent them from claiming compensation. The WorkCover Authority may reimburse the employer any sick leave paid to the applicant. This sick leave will then be re-stated to the applicant.
- (i) The WorkCover Authority may require the claimant to attend a medical examination by a doctor nominated by the Authority. Before sending the claim form to the next highest authority, the claim form and attachments should be checked against the check list (see reverse) for corrections and all attachments. Any attachments or requirements missing will only mean a return of the form for additional information. This could result in hardship for the claimant.

#### **3. SERIOUS INJURY**

If required, the WorkCover Authority has trauma counseling available to assist in cases of serious injuries. Contact Surf Life Saving NSW direct if you require this type of assistance.

#### **4. SCOPE OF COVER**

The cover under WorkCover is limited to personal injury, whilst the member is acting in their capacity as a surf life saver. The cover extends to official rostered duties anywhere in Australia. The cover provided includes travel to and from rostered duties, training activities, competition, official duties, fund-raising, social activities to raise funds, maintenance and servicing of life saving equipment, surf club premises and property. All the above activities may need to be verified by proof of entry to competition, patrol roster, volunteer roster, patrol log book, IRB log book, radio log book, etc. Training and competition can only be at authorised and organised sessions. Members who compete in elite events where prize money is paid or professional sportspersons or competitors who compete in events not under the control of the SLSA, may need to take separate insurance/workers compensation.

## WORKCOVER CLAIM FORM CHECK LIST

Before sending in your completed claim form, make sure that each of the following has been completed and attached. Your Claim Form will be returned back to you if the following is incorrectly completed or missing.

**WorkCover Medical Certificate** from medical doctor attached. See your Doctor for this certificate or contact Corinne Watkins, Surf Life Saving NSW on 02/9984-7188 to obtain a blank certificate to them be completed by your doctor.

Report of Injury completed with correct club official signatures.

Statement of Witness to Injury completed, with Witness and Club Secretary/Club President signatures.

Photocopy of your Membership Form 76 for the relevant season.

If member was injured whilst using an IRB, complete SLSA IRB Injury Study Form (yellow), attached.

Medical Authority.

If you are Under 18 the signature of your parent or guardian is required.

If claiming for **LOSS OF EARNINGS**, you need to provide:

Statement of Earnings duly completed by your employer.

**Employment Declaration Form**, Australian Taxation Office, Section A to be completed only, this form can be obtained at any Australia Post Office or contact Corinne Watkins at Surf Life Saving NSW on 02/9984-7188

If self employed, proof of earnings will be required - please arrange for your business books of income and expenditure for the six months to the date of your injury to be forwarded, so we can assess the payments due to you.

**WORKCOVER AUTHORITY CLAIM FOR COMPENSATION BY INJURED EMERGENCY AND RESCUE VOLUNTEER**

Application is hereby made for compensation from the Emergency and Rescue Workers' Compensation Fund (WorkCover Authority).

Please complete and return to: *Surf Life Saving New South Wales Inc., PO Box 430, NARRABEEN, NSW, 2101,*  
*Phone: 02/ 9984-7188.*

**DETAILS OF CLAIM**

Name: ..... Club: .....

Address: .....

..... Postcode: .....

Phone: (B) ( ) ..... (H) ( ) .....

Date of Birth: .....

2. (a) If employed: *(If unemployed or student, go directly to question number 3)*

(i) Name, address of business and nature of business of employer by whom claimant was employed immediately prior to the injury:

.....  
.....  
.....

(ii) Nature of that employment: (carpenter, clerk, sales person, accountant, etc.):

.....  
.....

(iii) Award under which claimant is employed:

.....

(b) If self employed, nature and duration of business:

.....  
.....  
.....

3. (a) Date of injury:

.....

(b) Place of injury and manner in which the injury was received (brief summary - further details, including circumstances surrounding the incident should be attached):

.....  
.....  
.....  
.....  
.....

4. Nature of injury:

.....

5. (a) Details of incapacity for work, whether total or partial, and estimated duration of incapacity (**WorkCover Medical Certificate needs to be attached**):

.....

.....

.....

(b) Particulars of types of activities which applicant is unable to carry out:

.....

*(Complete questions 6 to 9 if claiming for loss of wages)*

6. (a) Weekly wage being received at time of injury:

.....

(b) Particulars of claimant's average weekly earnings during the last 12 months:

.....

.....

(c) If self-employed, details of claimant's income during last 12 months:

.....

7. (a) Average weekly amount which the claimant is earning, or is able to earn, in some suitable employment or business, after the injury:

.....

.....

.....

(b) If self-employed, particulars of any business expenses incurred as a direct result of incapacity:

.....

.....

.....

8. Payment, allowance or benefit received from employer or any source during the period of incapacity:

.....

.....

.....

9. Persons alleged to be dependent upon the claimant (names and dates of birth - if over the age of 16 years, state whether a full-time student and name of educational institution): If persons are only partially dependent, please state income of dependent:

.....

.....

.....

10. Amount claimed as compensation, and for medical and/or hospital treatment and ambulance services (attach accounts):  
.....  
.....  
.....

11. Claimant's status with the said Club/Branch:  
(a) Whether he/she was a Member, Patrol Captain, Club Captain, etc., of this Club:  
.....  
.....  
(b) Whether he/she was engaged in this activity:  
(i) With the consent or under the authority and supervision of a delegated person of the Club/Branch:  
.....  
.....  
(ii) In conjunction with any civil authority:  
.....  
(c) Name of Club/Branch:  
.....  
(d) Whether claimant's services in this activity were given without remuneration or reward, or voluntarily and without obligation:  
.....  
.....

DATED this ..... day of ....., 19 .....

I hereby declare and affirm that the information and statements set out in this claim are true and correct in every particular. And I make this solemn declaration, as to the matter aforesaid, according to the law in this behalf made, and subject to the punishment by law provided for any willfully false statement in any such declaration.

TAKEN and declared at ..... in the}  
said State this ..... day of}  
....., 19....., Before me} .....  
(Signature of Justice of the Peace)

.....  
(Name of Justice of the Peace) (Claimants Signature)

**REPORT OF INJURY**

This form must be completed by the injured person and signed by the appropriate Club Official i.e:

*Club Secretary* for Fundraising, other activities  
*Club Coach* for Competition & training

*Club Captain* for Patrol injuries  
*Chief Instructor* for Life saving instruction

This is to confirm that on .....  
(date of injury)

..... suffered an injury described as  
(name of injured volunteer member)

..... whilst participating in  
(type of injury)

.....  
(type of activity, i.e., patrols, training, preparatory work, display etc.)

at ..... and at that time he/she was  
(place of incident e.g. name of beach)

under my control and/or instruction as a volunteer member of the .....  
(name of SLSC)

.....  
(Name of Official - please print) (Signature) (Date)

Position Held: CLUB SECRETARY CLUB CAPTAIN CLUB COACH CHIEF INSTRUCTOR  
(Please circle relevant position)

Postal Address: .....  
..... Postcode: .....

I ..... Club Secretary have checked this claim and I am satisfied it is a true and correct account of the circumstances surrounding this injury.

Signature of Club Secretary: ..... Date: .....

**NOTE: Details of this Report of Injury must be recorded in the Minutes of the club's regular monthly meeting.**

**STATEMENT OF WITNESS TO INJURY**

Workers Compensation Act 1987 As Amended

*(To be made in the handwriting of the witness and in the presence of a person in authority, e.g., Club Secretary or Club President, please note that this form is a Statutory Declaration).*

Name of injured person:

.....

For whom was the injured person working at the time of the accident:

.....

Name and title Official or other person in authority in charge of injured volunteer/SLSA member:

.....

How did the accident happen:

.....

Where did the accident happen:

.....

When did it happen: Day of week: ..... Date: ..... / ..... / ..... Time: ..... am/pm

What was the injured person doing at the time:

.....

.....

State, as far as practicable, the injuries sustained:

.....

.....

Did you actually see the accident: .....

Were there any other persons present at the time: .....

How near were you to the injured person: .....

Did you have a clear and uninterrupted view: .....

Did the injured person say anything at the time of or after the accident, and, if so, what did such person say and when:

.....

.....

State anything which you particularly noticed about the injured person after the accident (such as bleeding, vomiting, limping) and also whether and for how long such person continued at his work/activity in a normal manner:

.....

.....

I declare that the foregoing is correct:

Name of Witness: .....

Signature of Witness: ..... Date: .....

Postal Address: .....

..... Postcode: .....

In the presence of: .....

(Club Secretary/Club President)

Signature: ..... Print Name: .....

STATEMENT OF EARNINGS

If you are not claiming for **loss of earnings**, you do not need to complete this section.

To be completed by the full-time employer of a Surf Life Saving NSW volunteer/member who suffers time lost from work as a result of an injury sustained whilst participating in a bona fide surf life saving activity.

I hereby certify that ..... is

employed by ..... in

the position of .....

Base Award Rate or comparable Award \$ ..... per week.

His/her gross average weekly earnings over the past 12 months or lesser period are \$ .....

Time and date ceased work: ..... am/pm ...../...../.....

Time and date resumed work: ..... am/pm ...../...../.....

Normal working hours: ..... daily..... weekly

Time lost from: ...../...../..... to ...../...../.....

Was sick/other leave paid for the above-mentioned period: YES / NO

If yes, state gross amount paid - \$ .....

Name of Employer: .....

Address: .....

..... Postcode: .....

Phone Number: .....

Signature:..... Date: .....

(Employer/Pay Clerk/Accountant)

MEDICAL AUTHORITY

I ..... hereby authorise the WorkCover Authority

of New South Wales to obtain any medical/clinical reports and notes touching upon the (employment)

injury described as .....

suffered by me on .....

Dated: .....

Signed:.....