

Application for Compensation

The Application for Compensation is an approved form pursuant to section 132 of the Workers' Compensation and Rehabilitation Act 2003.

Worker's Details

1 Preferred title (Mr, Mrs, Miss, Ms)

2 Gender

 Male

 Female

3 Surname or family name

4 Given or first names

5 Date of birth

6 Former name (if applicable)

7 Do you require an interpreter?

 Yes (detail below)

 No

Spoken language

8 Present residential address

Street

Suburb/Town

Postcode

Phone

9 Postal address (if same as residential address, write 'as above')

Street

Suburb/Town

Postcode

Details of Injury

10 What is the nature of your injury? (e.g. cut, strain, fracture)

11 What part of your body is injured? (e.g. right forearm, lower back)

12 Where did the injury happen?

(e.g. workshop floor, Gant Street, Oakey)

Place

Street

Suburb/Town

Postcode

13 When did the injury happen?

14 Was the injury reported to your supervisor or rehabilitation coordinator?

 Yes (detail below)

 No

Day

Time

Date

15 Name the supervisor or rehabilitation coordinator to whom the injury was reported

Name

Position

Phone

16 Did you stop work because of this injury?

 Yes (detail below)

 No

Day

Time

Date

17 Have you returned to work?

 Yes (detail below)

 No

Day

Time

Date

18 Did the injury happen:

 Before work

 Middle of shift

 Recess

 After work

 Late in shift

 Unknown

 Early in shift

 During overtime

 Over a period of time

19 Explain what you were doing at the time the injury happened and how it happened

20 Name of witness and any other person who was present when the injury happened (if more than one, attach details)

21 Was any other person or thing involved?

 Yes (detail below)

 No

22 Was a motor vehicle/s involved?

 Yes (detail below)

 No

Registration number/s

Owner/s of vehicle/s

23 Were you admitted to hospital as an in-patient for the injury?

 Yes (detail below)

 No

