The University of South Australia (UniSA) is a self-insured employer under the terms of the Return to Work (RTW) Act 2014. This means RTWSA has delegated responsibility to UniSA to manage workers compensation claims and rehabilitation of injured/ill employees. UniSA finances all workers compensation payments such as medical, travel expenses, and lost time claims from a corporate cost centre.

An employee who has suffered a work-related injury or illness can lodge a claim for workers compensation and may be entitled to income support payments and/or reimbursement of medical expenses.

Before making a claim, employees are required to:

* Log an injury/illness report on UniSA’s safety management system [UniSAfe](https://safety.unisa.edu.au/unisa/#/main).
* Notify their Manager/Supervisor about the injury.
* See a doctor and obtain a [Work Capacity Certificate](https://www.rtwsa.com/media/documents/Work-Capacity-Certificate.pdf) (must be submitted when lodging a workers compensation Claim)

**EMPLOYEE DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | | | | | | | | | | | | | | |
| **Gender** | **Male  Female  Other** | | | | | | | | | | | | | | |
| **Title** | **Mr  Mrs  Ms  Dr  Prof/Assoc** | | | | | | | | | | | | | | |
| **Position Title** | |  | | | | | | | | | | | | | |
| **Main Tasks** | |  | | | | | | | | | | | | | |
| **Academic/Central Unit/Research Institute** | | | | | | | |  | | | | | | | |
| **Campus** |  | | | | | | | | | | | | | | |
| **Contact No.** | **Work**: | | | | | | | | | | | | **Mobile**: | | |
| **E-mail Address** | |  | | | | | | | | | | | | | |
| **Occupancy** | | **Full Time  Part Time  Continuing**  **Fixed Term  Casual** | | | | | | | | | | | | | |
| **Date of Birth** | |  | | | | | | | **Country of Birth** | | | | |  | |
| **Residential Address** | | |  | | | | | | | | | | | | |
| **Postal Address (if different from above)** | | | | | | |  | | | | | | | | |
| **Do you wish to identify as** | | | | **Aboriginal  Torres Strait Islander** | | | | | | | | | | | |
| **Do you require an interpreter?** | | | | | **Yes  No** | | | | | **Language Spoken** | | | | |  |
| **Have you ever had an RTW claim?** | | | | | | **Yes  No** | | | | | | | | | |
| **If Yes, have you received a lump sum payment?**  (Either a redemption or Section 58 of the RTW Act 2014) | | | | | | | | | | | **Yes  No** | | | | |
| **Have you suffered a similar injury in the past?** | | | | | | | | | | | **Yes  No** | | | | |
| **Are you currently engaged in any other employment?** | | | | | | | | | | | | **Yes  No** | | | |
| **If Yes, provide the employer name, contact person, and phone number.** | | | | | | | | | | |  | | | | |

**INJURY DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Injury/Illness Incident No.** | |  | | | | | |
| **Date & Time of Injury** *(or for gradual onset, date symptoms first noticed)* | | | | | | |  |
| **Lost Time Incurred** | **Yes  No** | | | | | | |
| **Description of Injury** *(e.g. sprain/fracture/fall/burn)* | | | | |  | | |
| **Brief description of how the injury occurred** *(e.g. what led to the injury occurring – as per online injury/illness report)* | | | | | |  | |
| **Part of the body affected** *(e.g. left upper arm, internal organs etc..)* | | | | | |  | |
| **Treating Doctor’s Name** | |  | | | | | |
| **Surgery Name and Contact No.** | | |  | | | | |
| **Hospital Name** (if hospitalised) | | |  | | | | |
| **Where were you when this injury/illness occurred?** | | | | | |  | |
| **Manager / Supervisor Name** | | |  | | | | |
| **Manager / Supervisor Contact No.** | | | |  | | | |

I acknowledge that it is an offence against the *RTW Act 2014* to make a statement that is false or misleading. The information I have provided is true and not misleading. I agree to advise the RTW consultant and/or my Manager/Supervisor if my circumstances change or if I become aware of any matter that would make the above information false or misleading. I will advise the RTW consultant if I undertake any employment (paid or unpaid), including self-employment, during my claim.

**AUTHORITY TO EXCHANGE MEDICAL INFORMATION**

I hereby authorize the claims manager, RTW consultant, manager/supervisor (or UniSA delegate) to access all information, facts, and treatment related to my injury/illness. I acknowledge that this information will assist in managing my recovery and return to work program and/or assist in the determination/management of my claim.

I authorize the claims manager, RTW consultant (or delegate), contracted rehabilitation provider, and/or legal representative nominated by them, to examine any x-rays, medical records, or reports or copies thereof relating to my injury/illness.

I authorize that a photocopy of this authority shall carry the authority of the original. This authority shall remain in force for the life of this claim or revoked by me.

I understand that failure to sign this form will delay my claim from being determined in a fair and timely manner.

I acknowledge that I have read the [Injury Management Handbook](https://i.unisa.edu.au/siteassets/human-resources/ptc/files/guidelines/safety-and-wellbeing/injury-management-handbook.pdf) and understand my rights and responsibilities under the *RTW Act 2014*, and agree to comply with my responsibilities as outlined in this handbook.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee’s Full Name** |  | **Date** |  |
| **Employee’s Signature** |  | | |

When the Claims Management Unit receives this completed form, they:

* will contact the employee
* may request additional information relating to the claim
* will assess and determine the claim for compensation