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 the 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:

* Submit an injury/illness report via the online [HS&IM Incident Reporting System](https://my.unisa.edu.au/Staff/OHS/)
* Notify their Manager/Supervisor about the injury
* See a doctor and get a [Work Capacity Certificate](https://www.rtwsa.com/media/documents/Work-Capacity-Certificate.pdf) (to 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 a RTW claim?** |  **[ ]  Yes [ ]  No** |
| **If Yes, have you been in receipt of 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 employer name, contact person, and phone number** |  |

**INJURY DETAILS**

|  |  |
| --- | --- |
| **Injury/Illness Occurrence 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 Case Manager 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 Case Manager if I undertake any employment (paid or unpaid), including self-employment, during my claim.

**AUTHORITY TO EXCHANGE MEDICAL INFORMATION**

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

I authorise 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