

SUPPLEMENTARY GAZETTE



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ADELAIDE, THURSDAY, 18 DECEMBER 2008

WORKERS REHABILITATION AND COMPENSATION
ACT 1986

Notice Pursuant to Section 32 (7)

THE Workers Rehabilitation and Compensation Corporation hereby varies the scale of charges fixed for the purposes of section 32 (7) of the Workers Rehabilitation and Compensation Act 1986, by notices published in the *Government Gazette* on 9 February 1995, 22 June 2000, 29 March 2001, 29 November 2001, 5 December 2002, 11 December 2003, 9 December 2004, 8 December 2005, 21 December 2006 and 29 November 2007 as follows:

By inserting after item (12) the following item:

- (13) This Notice is effective for travel on or after 1 January 2009.

Travel Allowance

Item No.	Service Description	Charge
1.	Where a worker travels in a private vehicle to or from any place for the purpose of receiving medical services, hospitalisation or approved rehabilitation, and the travel is reasonably necessary in the circumstances of the case, the worker is entitled to a travel allowance for each kilometre travelled at the rate of:	37.1c

Dated 17 December 2008.

PAUL CAICA, Minister for Industrial Relations

WORKERS REHABILITATION AND COMPENSATION ACT 1986**Publication of Approved Forms****Preamble**

Section 51 (5) of the *Workers Rehabilitation and Compensation Act 1986* (the WRCA), states that:

“A person by whom a notice under this section is given orally shall, at the request of the person to whom notice is given, complete a written statement in a form determined by the Corporation.”

Section 52 (1) (a) of the WRCA, states that:

*“Subject to this section, a claim for compensation—
(a) must be made in a manner and form approved by the Corporation”.*

In accordance with the delegation provided to me under the Instrument of Delegation of the WorkCover Corporation of South Australia (the Corporation) June 2008, I, Julia Davison, Chief Executive Officer of the Corporation approve the following form for the purposes of sections 51 (5) and 52 (1) (a) of the WRCA:

NOTICE

1.1 Pursuant to sections 51 (5) and 52 (1) (a) of the WRCA, I give notice that the form at Appendix 1 is both the ‘form determined by the Corporation’ for the purposes of section 51 (5), and the ‘form approved by the Corporation’ for the purposes of section 52 (1) (a).

1.2 If:

1.2.1 an initial notification of injury under Division 7A of the WRCA has been made and the information provided meets the minimum requirements outlined in paragraph 1.4 of the Provisional Payment Guidelines published by the Minister in *Government Gazette* No. 76 on 18 December 2008; or

1.2.2 information that meets the minimum requirements outlined in paragraph 1.4 of the Provisional Payment Guidelines published by the Minister in *Government Gazette* No. 76 on 18 December 2008, is provided to the Corporation;

and:

1.2.3 the worker, or their representative on the worker’s behalf, orally makes a claim for compensation under section 52 (1) (a);

the requirement of section 52 (1) (a) (i.e. submit claim in a form approved by the Corporation) will be deemed to have been satisfied.

Confirmed as a true and accurate decision of the Corporation.

Dated 15 December 2008.

J. DAVISON, Chief Executive Officer

Appendix 1



Claim form

What is this form?

This form can be used to notify a workplace injury or seek compensation payments if you have been injured at work with an employer registered in South Australia. Alternatively, this information can be provided by telephone to Employers Mutual, WorkCoverSA or the self-insured employer (see information to the right).

Receiving this information will enable a request for compensation to be considered and will provide sufficient information for the case manager to assist in the return to work process.

If there is insufficient space provided for any of the questions, please attach additional information. A copy of this form should be kept for your records.

Who can fill out this form?

- An injured worker
- An employer*
- A representative, such as a treating doctor, first aid officer or a worker's relative or friend

It is important to ensure that the employer (if you are not the employer) has also been provided with these details if you are notifying WorkCover or Employers Mutual directly (unless the worker is not in employment at the time of injury).

*An employer may complete this form to notify of an injury or begin the claim process, however they may be asked to complete an *Employer Report Form* if the claim will be ongoing after 13 weeks and additional information is required.

Compensation Payments

Weekly compensation payments will be payable, within seven days (where possible) of the claims agent or self-insured employer being notified of a workplace injury by telephone or by receipt of this form.

For payments to commence, the mandatory information, marked in bold and shaded on this form, must be received by WorkCoverSA, Employers Mutual, or the self-insured employer.

A *WorkCover Medical Certificate* from the doctor must also be provided. The employer and injured worker will receive a letter within seven days advising whether compensation payments will commence and what to do if they don't agree with the decision.

The information in this form can be provided to:

Employers Mutual

By phone: 1300 365 105

By fax: (08) 8127 1200*

By post: GPO Box 2575, Adelaide SA 5001

Online at: www.employersmutual.com.au

OR

WorkCoverSA

By phone: 13 18 55 (Service Centre)

By fax: (08) 8233 2466*

By post: GPO Box 2668, Adelaide SA 5001

OR

Self-insured employer

In accordance with the procedures issued by the individual employer.

*forms can be torn at perforation for faxing.

If you need help filling in this form or have any questions, speak to:

- A supervisor
- The employer's workers compensation or return to work coordinator
- A union representative
- A occupational health and safety officer/representative
- Employers Mutual on 1300 365 105
- WorkCoverSA on 13 18 55.

If you are unable to fill in the form because it is in English, staff from the WorkCover Service Centre will arrange interpreting services. This interpreting service is available at no cost to you.



Claim form

The shaded boxes must be completed for this to be considered a notice of injury or claim for compensation. However by filling in the other boxes and supplying as much information as possible we can effectively manage the claim.

Please tick the relevant box

- I want to give **notice of an injury** only (no request for weekly payments or medical and other expenses at this time)
- I want to give **notice of an injury and request provisional weekly payments and/or medical expenses***

* This request will start provisional payments within 7 days (in most cases). A formal claim for compensation under section 52 can be made by contacting the claims agent or self-insured employer. Please refer to the back page for more information.

Worker's details	Employer's details
<p>Worker's family name</p> <input style="width: 100%;" type="text"/> <p>Other names</p> <input style="width: 100%;" type="text"/> <p>Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/></p> <p>Do you wish to identify as: Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Date of birth <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/></p> <p>Former name/s</p> <input style="width: 100%;" type="text"/> <p>Country of birth <input style="width: 100%;" type="text"/></p> <p>Residential address</p> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <p>Postal address</p> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <p>Telephone number</p> <p>Daytime: <input style="width: 100%;" type="text"/></p> <p>Mobile: <input style="width: 100%;" type="text"/></p> <p>Email address</p> <input style="width: 100%;" type="text"/> <p>Does the worker need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Language spoken or read</p> <input style="width: 100%;" type="text"/> <p>Dialect <input style="width: 100%;" type="text"/></p> <p>Has the worker ever had a workers compensation claim? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Employer's name</p> <input style="width: 100%;" type="text"/> <p>Employer's address</p> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <p>Employer's registration number, if known</p> <input style="width: 100%;" type="text"/> <p>Location number, if known</p> <input style="width: 100%;" type="text"/> <p>Contact name (if employer has more than 30 employees, this will usually be the rehabilitation and return to work coordinator)</p> <input style="width: 100%;" type="text"/> <p>Telephone <input style="width: 100%;" type="text"/></p> <p>Facsimile <input style="width: 100%;" type="text"/></p> <p>Email <input style="width: 100%;" type="text"/></p> <p>Was there any time lost due to injury/disease? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Current gross weekly wage \$ <input style="width: 100%;" type="text"/> (if time off work)</p> <p>Hours per week <input style="width: 100%;" type="text"/></p> <p>Occupation and main tasks</p> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <p>Full time <input type="checkbox"/> Part time <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Apprentice <input type="checkbox"/> Trainee <input type="checkbox"/> State/Federal Award <input type="checkbox"/></p>
Employer notification	
<p>Date employer notified of injury* <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/></p> <p>Person notified: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/></p> <p>Family name <input style="width: 100%;" type="text"/></p> <p>Given name <input style="width: 100%;" type="text"/></p>	

* The date when the employer received the minimum information (in the shaded boxes) on this form.

Tear along perforation for faxing

Injury details

Description of injury (injury/disease suffered)

How the injury occurred? (what led to the injury occurring)

(Refer overleaf for examples of how to answer this question)

Part of the body affected (eg, left upper arm, internal organs etc)

Treating doctor's name and/or surgery name

Or, if the worker is hospitalised, name of hospital

Doctor/hospital address (phone number if unknown)

Most recent WorkCover Medical Certificate from

 / / to / /

Incapacity totally unfit for work partially unfit to work

When did the injury/disease occur?

- while working at usual workplace
- traffic accident while working
- while having a break
- while travelling to or from work
- while attending an approved course of study
- while working elsewhere

other (please specify)

When did the injury happen or when was the injury/disease first noticed?

 / /

Time of injury am/pm

If the worker stopped work due to injury/disease, what date did they stop work?

 / /

Expected return to work date

 / /

Other current employment

Does the worker have any other current employment?

Yes No

Medical authority

If you (the notifier) are not the injured worker, please do not complete this section. Signing this authority will help the request for compensation to be processed more quickly.

I give permission for my medical expert to provide WorkCoverSA, its claims agent Employers Mutual or my self-insured employer with information relating to my injury or condition. I also give permission for any medical experts to receive x-rays, medical records or reports relating to my claim (including copies) for the purpose of writing a report about my injury or condition. A photocopy of this medical authority is as valid as the original.

Signature of the worker

Date / /

Electronic Funds Transfer (EFT) details

Please provide the worker's bank details to have any workers compensation payments deposited directly into their bank account.

Bank BSB number -

Bank name

Branch address

Account number

Account name

Note: a remittance advice of any payment/s processed via EFT will be sent to you via post. Please advise the claims agent (within five days) if any of the bank account details provided are changed.

Notifier's details

Notifier's name

I am: The worker The employer Other

If other, please specify:

Address

Telephone number



Claim form

Rights and responsibilities

Worker's responsibilities

- To notify their employer as soon as possible if they have been injured in the course of their employment. This may be a person in the workplace such as the rehabilitation and return to work coordinator, the health and safety representative or the immediate manager/supervisor. A copy of this form can be used for this purpose. The employer may have their own policy in place for this.
- To give to their employer any paid accounts for reimbursement or invoices for expenses incurred.
- To provide to the employer up-to-date *WorkCover Medical Certificates*.
- To be actively involved in their treatment and rehabilitation and comply with the requirements of a rehabilitation and return to work program.
- To undertake suitable employment that their doctor says they are fit to perform.
- To ensure that they do not provide any false or misleading information about a claim. (Note: It is an offence to provide false or misleading information about a claim).

Worker's rights

- To be paid weekly payments, if off work, once their notification is received (unless a reasonable excuse is applied or notification only) or a claim for compensation is determined.
- To have medical and other expenses paid promptly eg, travel.
- To have a current copy and be meaningfully involved in all decisions regarding their approved rehabilitation program/plan.
- To raise with the person managing their claim any dissatisfaction with their allocated rehabilitation provider.
- To have a treating doctor/specialist of their choice and obtain a second opinion from a specialist.
- To be provided with copies of all medical reports concerning their claim within seven (7) business days of Employers Mutual or the self-insured employer receiving them.
- To have a representative or support person present at any meeting or hearing about their claim (eg, family member, union, employee advocate, solicitor).
- To have any personal information kept confidential.
- To have an interpreter at meetings and appointments if required.

Employer's responsibilities

- To pay the first two weeks of income maintenance unless the employer is a self-insured employer, or has taken out the buy-out option or has previously made weekly payments of at least two weeks during this calendar year to this worker.
- To report to Employers Mutual within five (5) business days of receipt of an injury notification. Failure to notify Employers Mutual of a disability within five (5) business days may incur penalties of \$1000 and imposition of supplementary levies. However, if reported within two (2) business days, they will be entitled to a **waiver of the cost of weekly payments for the first two (2) weeks** of incapacity. For this to occur, the employer must also provide the required information for Employers Mutual to calculate the worker's Average Weekly Earnings in time for them to approve payments within seven (7) calendar days.
- To forward to Employers Mutual any *WorkCover Medical Certificates* and associated paid accounts for reimbursement or invoices for expenses incurred from the worker.
- To complete an *Employer Report Form* and submit it to the claims agent if a claim for compensation will be ongoing beyond 13 weeks.
- To forward an injured workers wage information required by the claims agent upon request.
- To provide suitable employment to an injured worker and cooperate with the implementation of a rehabilitation program.

Important reminder for employers

If the worker's injury is an **'immediately notifiable work-related injury'** the employer must, if they have not already done so, notify their local regional office of SafeWork SA by telephone 1800 777 209 or fax, pursuant to Reg 6.6.2(1) of the Occupational Health, Safety and Welfare Regulations, 1995. These are work-related injuries that:

- cause death
- show acute symptoms associated with exposure to a substance at work
- require treatment as an inpatient in a hospital immediately after the injury (disregarding any time taken for emergency treatment or transporting the person to hospital).

SafeWork SA can also be contacted by email at help@safework.sa.gov.au.

How the injury occurred (What led to the injury occurring)? example

Walked outside to front end loader	→ Slipped over in a puddle of water on driveway	→ Hitting my head on front end loader
Machining wood on bandsaw	→ Band saw caught in knot in wood throwing wood out	→ Wood flying up and hitting head
Using angle grinder	→ Cast iron chip flew from angle grinder	→ Foreign body entering unprotected eye
Repeatedly lifting cartons of wine	→ Lifting heavy cartons	→ Heavy cartons of wine put strain on back

Further explanation on the completion of this form

A **notice of injury** only under section 51 of the *Workers Rehabilitation and Compensation Act 1986* (the Act) means that you wish to give written notice that an injury has occurred, but do not request any compensation payments at this time. If, at a later date, you wish to claim compensation (weekly payments and/or other expenses) you will need to lodge a claim for provisional payments under Division 7A or section 32A of the Act (provided it is within the first 13 weeks since the injury) or section 52.

A **notice of an injury and request for provisional weekly payments** means that you seek weekly payments of compensation (under Part 4, Division 7A of the Act) and/or medical and other expenses (under section

32A). Provisional payments under these sections will start within 7 calendar days (in most cases) but weekly payments will be limited to 13 weeks and medical and other expenses will be limited to \$5000. If payments are likely to exceed these limits, you are entitled to make a claim for compensation under section 52 of the Act, even if you have already given a notice of injury and sought provisional payments.

If a claim for compensation is made under section 52 of the Act, payments will start if and when the claim is accepted. This covers ongoing weekly payments and medical and other expenses. If you wish to make a claim for compensation under section 52, please contact your case manager.

WORKERS REHABILITATION AND COMPENSATION ACT 1986**Determination to approve ‘manner’ of making a claim for compensation****Preamble**

Section 52 (1) (a) of the *WRCA* states that:

*“subject to this section, a claim for compensation—
“(a) must be made in a manner and form approved by the Corporation”.*

In accordance with the delegation provided to me under the Instrument of Delegation of the WorkCover Corporation of South Australia (the Corporation) June 2008 I, Julia Davison, Chief Executive Officer of the Corporation, approve the following ‘manner’ for the purposes of a claim for compensation under section 52 (1) (a) of the *WRCA*:

NOTICE**Determination approving the manner of a claim for compensation.**

Pursuant to section 52 (1) (a) of the *WRCA*, the Corporation determines that the manner of making a claim for compensation is as follows:

1.1 For **registered employers** the claim for compensation must be given by the worker, or their representative,

- to their employer direct (if the worker is in employment at the commencement of incapacity)

or to **the Corporation, or the Corporation’s appointed claims agent**, (currently Employers Mutual) in one of the following manners:

- In Person at: **WorkCoverSA, 100 Waymouth Street, Adelaide**, or to **Employers Mutual, 15th floor, 26 Flinders Street, Adelaide, S.A.**, or
- Via post to: **WorkCoverSA, 100 Waymouth Street, Adelaide, S.A. 5000** or **G.P.O. Box 2668, Adelaide, S.A. 5001** or **Employers Mutual, 26 Flinders Street, Adelaide, SA 5000** or **G.P.O. Box 2575, Adelaide, S.A. 5001** or **DX 270 Adelaide**, or
- Via facsimile to: **WorkCoverSA (08) 8233 2466** or **Employers Mutual (08) 8127 1200**, or
- Via telephone to: **WorkCoverSA 13 18 55** or **Employers Mutual 1300 365 105**.

1.2 For **self-insured employers**, the claim for compensation by the worker or their representative must be provided in accordance with the procedures issued by the self-insured employer.

Confirmed as a true and accurate decision of the Corporation.

Dated 15 December 2008.

J. DAVISON, Chief Executive Officer

WORKERS REHABILITATION AND COMPENSATION ACT 1986**Determination to designate the ‘manner’ of an application under section 32A****Preamble**

Section 32A of the *Workers Rehabilitation and Compensation Act 1986* (WRCA) states that:

(1) A worker may, by application made to the Corporation in the designated manner and the designated form, apply to the Corporation for the payment of costs within the ambit of section 32 before the determination of a claim under Division 8.

Section 3(14) of the WRCA states that:

A reference in a provision of this Act to a designated manner is a reference to a manner designated for the purposes of that provision by the Corporation from time to time by notice in the Gazette.

In accordance with the delegation provided to me under the Instrument of Delegation of the WorkCover Corporation of South Australia (the Corporation) June 2008, I, Julia Davison, Chief Executive Officer of the Corporation, designate the following ‘manner’ for the purposes of an application under section 32A (1) of the WRCA:

NOTICE**Determination designating the ‘manner’ of an application for provisional medical and other expenses under section 32A of the WRCA**

Pursuant to section 32A (1) of the WRCA, the Corporation determines that the manner of making an application under section 32A (1) is as follows:

- 1.1 For **registered employers** the application must be given by the worker, or their representative, to the Corporation or the Corporation’s appointed claims agent (currently Employers Mutual) in one of the following manners:
 - In Person at: **WorkCoverSA, 100 Waymouth Street, Adelaide**, or to **Employers Mutual, 15th floor, 26 Flinders Street, Adelaide, S.A.**, or
 - Via post to: **WorkCoverSA, 100 Waymouth Street, Adelaide, S.A. 5000** or **G.P.O. Box 2668, Adelaide, S.A. 5001** or **Employers Mutual, 26 Flinders Street, Adelaide, S.A. 5000** or **G.P.O. Box 2575, Adelaide, S.A. 5001** or **DX 270 Adelaide**, or
 - Via facsimile to: **WorkCoverSA (08) 8233 2466** or **Employers Mutual (08) 8127 1200**, or
 - Via telephone to: **WorkCoverSA 13 18 55** or **Employers Mutual 1300 365 105**.
- 1.2 For **self-insured employers**, the application by the worker or their representative must be provided in accordance with the injury notification procedures issued by the self-insured employer.

Confirmed as a true and accurate decision of the Corporation.

Dated 15 December 2008.

J. DAVISON, Chief Executive Officer

WORKERS REHABILITATION AND COMPENSATION ACT 1986**Rehabilitation and return to work coordinator guidelines****Preamble**

Section 28D (1) of the *Workers Rehabilitation and Compensation Act 1986* (WRCA) requires an employer to appoint a rehabilitation and return to work co-ordinator (RRTWC).

Section 28D (5) of the WRCA requires an employer to:

- (b) *comply with any training or operational guidelines published by the Corporation from time to time for the purposes of this section.*

In accordance with the delegation provided to me under the *Instrument of Delegation of the WorkCover Corporation of South Australia*, September 2008, I, Julia Davison, Chief Executive Officer of the Corporation, authorise the publication of guidelines as follows:

NOTICE

Pursuant to section 28D (5) (b) of the WRCA, I give notice that the document at Appendix 1 constitutes 'training and operational guidelines published by the Corporation' for the purposes of section 28D (5) (b) of the WRCA.

Confirmed as a true and accurate decision of the Corporation.

Dated 15 December 2008.

J. DAVISON, Chief Executive Officer

Appendix 1

WorkCover SA Rehabilitation and return to work coordinator guidelines**1. Employers to whom these guidelines apply.**

- 1.1** An employer who employs 30 or more workers must appoint a co-ordinator and comply with the training and operational guidelines published by the Corporation pursuant to the *Workers Rehabilitation and Compensation (General) Regulations 1999 (the General Regulations)*.

An employer is exempt from the requirement to appoint a co-ordinator for a particular financial year if:

- (a) the employer employs less than 30 workers at the beginning of the financial year; or
 - (b) the employer is granted an exemption by the Chief Executive of the Corporation (or their delegate) from having to appoint a co-ordinator on the basis that the delegate has determined at his or her discretion that they will not employ 30 or more workers for any continuous period of three or more months during the financial year.
- 1.2** An employer is exempt from the requirements of section 28D in respect of *part* of a particular financial year if the employer no longer employs 30 or more workers at a particular time in the financial year and the employer is granted an exemption by Corporation.

An employer must forward an application in writing for an exemption to the Corporation in one of the following ways:

- in person to the Return to Work Inspectorate and Support Unit, WorkCover SA, 100 Waymouth Street, Adelaide, S.A.; or
- by post to G.P.O. Box 2668, Adelaide, S.A. 5000; or
- by email to rrtwc-support@workcover.com; or
- by facsimile to 08 8233 2051.

For the purposes of this exemption, 'worker' simply means any person employed under a contract of service or as otherwise defined as a 'worker' under the Act whether employed on a full time, part time or casual basis.

- 1.3** The co-ordinator does not have to be a full time employee dedicated solely to the role of a co-ordinator. However, an employer must ensure that a co-ordinator who has another role (or roles) within an organisation is sufficiently capable of carrying out the functions listed in section 28D (4) of the Act.

- 1.4 In accordance with regulation 29 of the General Regulations, an employer is not required to appoint a co-ordinator until 1 July 2009, but may appoint a co-ordinator before that date subject to complying with the training and operational guidelines published by the Corporation for the purposes of section 28D of the Act.
- 1.5 Employers who are required to appoint a co-ordinator by 1 July 2009 must ensure that the co-ordinator successfully completes, or enrolls in, a training course approved by the Corporation by 30 June 2009.

2. Training Guidelines

- 2.1 An employer who is required to appoint a co-ordinator must ensure that the appointed co-ordinator:

- satisfactorily completes a training course delivered by a training organisation approved by the Corporation; or
- satisfactorily demonstrates prior learning through a recognition of prior learning assessment (RPL) carried out by a training organisation approved by the Corporation,

within three months of being appointed or, if a training course is not available in that time, enrolls in the next available course.

- 2.2 Further, an employer who is required to appoint a co-ordinator and who is deemed 'low risk' (excluding self-insured employers) must ensure that the co-ordinator satisfactorily completes Level 1 training. Any other employer who is required to appoint a co-ordinator must ensure that the co-ordinator satisfactorily completes Level 2 training.

An employer with an industry base levy rate of less than 4.5% will be deemed to be 'low risk' for the purpose of these guidelines.

- 2.3 Section 28D (6) of the Act states that an employer is required to appoint a new co-ordinator within the prescribed period, in the event of a vacancy occurring. The prescribed period, in accordance with the *General Regulations*, is three months. Employers in this situation must also ensure that their new co-ordinator meets the same training or RPL requirements outlined above. An employer must ensure that the new co-ordinator:

- satisfactorily demonstrates prior learning through a recognition of prior learning assessment carried out by a training organisation approved by the Corporation within 3 months of being appointed, or
- satisfactorily completes a training course delivered by a training organisation approved by the Corporation within 3 months of being appointed or, if a training course is not available in that period, enrolls in the next available course.

- 2.4 The details of training organisations that are approved by the Corporation to deliver co-ordinator training and assess prior learning can be found on the Corporation's website, www.workcover.com.

- 2.5** An employer who appoints a co-ordinator must provide the Corporation with the co-ordinator's name. They must also forward the number of the certificate issued to the co-ordinator by the Registered Training Organisation on completion of the training. The employer must forward this information to the Corporation in one of the following ways:
- Delivered in person to the Return to Work Inspectorate and Support Unit, WorkCover SA, 100 Waymouth Street, Adelaide, S.A.; or
 - By post to G.P.O. Box 2668, Adelaide, S.A. 5000; or
 - By email to rtrwc-support@workcover.com; or
 - By facsimile to 08 8233 2051.
 - By electronic format as specified by the Corporation.
- 2.6** A co-ordinator will be required to participate in ongoing professional development activities as determined by the Corporation. This will include some degree of refresher training annually. The requirement for refresher training will only commence on 1 July 2010.

3. Operational guidelines

3.1 Workplace rehabilitation procedures

When an employer is required to appoint a co-ordinator, they must develop workplace rehabilitation procedures that describe how rehabilitation will be implemented in the workplace.

3.1.1 An employer's workplace rehabilitation procedures must:

- describe the process for the early notification of injuries;
- contain the name and contact details of the co-ordinator;
- list the functions and responsibilities of the co-ordinator;
- list the rights and responsibilities of injured workers;
- describe the roles and responsibilities of managers, supervisors and co-workers in the rehabilitation and return to work process;
- be signed off by a person who has the authority to commit the employer to the procedures.

3.1.2 An employer's workplace rehabilitation procedures must be displayed in the workplace or made available to workers.

3.1.3 An employer's workplace rehabilitation procedures may be integrated with other similar workplace procedures.

3.2 Involving managers, supervisors, team leaders and workers

An employer must explain the functions of the co-ordinator to managers, supervisors, team leaders and workers, so that they can assist the co-ordinator in the performance of his or her functions.

3.3 Co-ordinator's knowledge of the workplace.

An employer must ensure that the co-ordinator knows and understands the work of the business and the employment available.

3.4 Physical facilities

An employer must provide such facilities as are necessary for the co-ordinator to perform his or her functions set out in section 28D (4) of the Act. These may include, but are not limited to, the following:

- workstation or office;
- telephone;
- access to a fax machine;
- access to email;
- access to the internet;
- stationery.

3.5 Multiple workplaces within an employer

An employer who has two or more workplaces, with 30 or more workers each workplace, must provide, in addition to the appointed co-ordinator, a contact person at each workplace to assist the co-ordinator to perform his or her functions. The contact person is not required to be a trained co-ordinator.

3.6 Grouping of employers to allow a co-ordinator to support multiple employers

Pursuant to section 28D (2) (a) of the Act, employers can also potentially obtain a different form of exemption on the basis of 'group' relationships, in other words where a single co-ordinator (or number of co-ordinators) can provide services to a number of employers within the same industry, or across different industries within a similar geographical location.

3.6.1 An application for exemption based on grouping arrangements should be in the form of a memo or letter to the Corporation, with supporting evidence attached. It must:

- contain the names of the employers who wish to enter into the multiple employment relationship, with details of how the co-ordinator links with the workplaces and will maintain current knowledge;
- include documentation to show that the employers are in the same industry or the same geographical location;
- show that injured workers will not be disadvantaged by the arrangement proposed;
- show how the multiple employer relationship will provide improvement in the provision of return to work services;
- demonstrate that the employers have developed workplace rehabilitation procedures that accommodate this relationship and are signed off by persons who have authority to commit the employers to such procedures;

- show that the employers have each nominated a contact at their workplace to assist the co-ordinator perform his or her functions;
- show that the co-ordinator has received training as required by these guidelines.

3.6.2 The application must be forwarded to the Corporation in one of the following ways:

- in person to the Return to Work Inspectorate and Support Unit, WorkCoverSA, 100 Waymouth Street, Adelaide, S.A. 5000; or
- by post to G.P.O. Box 2668, Adelaide, S.A. 5001; or
- by email to rrtwc-support@workcover.com; or
- by facsimile to 08 8233 2051.

3.6.3 The Corporation will consider each application on its merits.

3.6.4 The Corporation will advise employers in writing of its determination within 14 calendar days of receiving an application.

3.6.5 An employment relationship will be formally reviewed every two years by the Corporation.

3.7 Security and confidentiality

An employer must ensure that injured workers' personal and medical information is protected against loss and unauthorised access, use, modification or disclosure, and against other misuse.

3.7.1 An employer must have in place an appropriate security system to protect material produced and gathered in the course of the performance by the co-ordinator of his or her functions pursuant to section 28D of the Act.

3.7.2 An employer must ensure that the security system in place will ensure the confidentiality of all information:

- in the custody and/or the possession of the co-ordinator; and
- which was obtained by the co-ordinator from injured workers, case managers, medical experts work and contracted vocational rehabilitation service providers (providers) and which is confidential.

3.7.3 An employer must:

- provide a secure storage system for files, any documents or material produced that contain personal and medical information about injured workers, so that unauthorised access is not possible.
- ensure that personal and medical information stored on a computer system is secured so as to only allow access to the co-ordinator and authorised managers.

- provide a dedicated and private workspace for the use of the co-ordinator in the performance of his or her functions, ensuring that telephone conversations of a confidential nature cannot be overheard, or documents are not read, by persons who are not authorised to access injured workers personal and medical information.

3.7.4 An employer must ensure that the co-ordinator and other employees comply with the provisions of section 112AA of the Act. They must not disclose information about the physical or mental condition of an injured worker unless the disclosures is:

- reasonably required for, or in connection with, the carrying out of the proper conduct of the business of the employer; or
 - required in connection with the operation of the Act; or
 - made with the consent of the person to whom the information relates, or who furnished the information;
 - otherwise in accordance with section 112AA (1) of the Act.
-

WORKERS REHABILITATION AND COMPENSATION ACT 1986**Provisional Payment Guidelines****Preamble**

Part 4 Division 7A of the *Workers Rehabilitation and Compensation Act 1986* (the Act), contains “Special provisions for commencement of weekly payments after initial notification of a disability”.

Section 50A of that Division provides the following definitions and reads:

“In this Division—

Initial notification means the notification of a disability that is given to an employer (if the worker is in employment) and the Corporation, in the manner and form required by Provisional Payment Guidelines, by the worker or by a person acting on behalf of the worker (for example, by an employer or a medical expert);

Provisional Payment Guidelines means guidelines published by the Minister from time to time in the Gazette for the purposes of this Division.”

NOTICE

For the purpose of Part 4 Division 7A of the Act I publish these Provisional Payment Guidelines.

1. Initial notification

Pursuant to section 50A of the Act, the following manner and form will apply to the initial notification of a disability for the purposes of Division 7A:

- 1.1 An initial notification of disability means the first notification of a particular disability that is given to an employer (if the worker is in employment) **and** the Corporation **or** only the employer where that employer is self-insured. A worker, or their representative (for example, the employer, a member of the worker’s family, a legal representative or a medical expert), can give the initial notification of a disability to the Corporation or self-insured employer.
- 1.2 Initial notification must be given to the Corporation or the Corporation’s appointed claims agent (currently Employers Mutual) in any one of the following manners:
 - In person at: **WorkCoverSA, 100 Waymouth Street, Adelaide**, or to **Employers Mutual, 15th floor, 26 Flinders Street, Adelaide, S.A.**, or
 - Via post to: **WorkCoverSA, 100 Waymouth Street, Adelaide, S.A. 5000** or **G.P.O. Box 2668, Adelaide, S.A. 5001** or **Employers Mutual, 26 Flinders Street, Adelaide, S.A. 5000** or **G.P.O. Box 2575, Adelaide, S.A. 5001** or **DX 270 Adelaide**, or
 - Via facsimile to: **WorkCoverSA (08) 8233 2466** or **Employers Mutual (08) 8127 1200**, or
 - Via telephone to: **WorkCoverSA 13 18 55** or **Employers Mutual 1300 365 105**.

- 1.3 Initial notification by the worker, or their representative, must also be provided to their employer (as highlighted in clause 1.1) and in accordance with one of the manners described in 1.2; or if employed by a self-insured employer, in accordance with the injury notification procedures issued by the self-insured employer.
- 1.4 The notification may, at the discretion of the compensating authority, be in the form approved by the Corporation in accordance with section 52 of the Act for a claim for compensation but must include the following information in order to satisfy the minimum requirements of initial notification, so as to constitute an 'initial notification of disability for the purpose of section 50B of the Act):

Worker's information:

- name;
- postal address and/or telephone number;
- date of birth;
- gender;
- job role or occupation and main tasks.

Employer's information:

- business name;
- business address.

Treating doctor information:

- in the manner and form of a designated medical certificate; and/or
- if the worker is hospitalised, the name of the hospital.

Disability and accident details:

- description of disability (injury/disease suffered and part of body affected);
- date and time of the workplace disability or the period of time over which the disability emerged from date of first symptoms;
- description of how the workplace disability happened;
- date the employer was notified of the disability and name of person notified.

Notifier information:

- name of person making the initial notification;
- contact details, telephone number and/or address (if not the worker).

- 1.5 A decision to commence or not commence provisional liability payments cannot be made until all of the minimum information that is required for an initial notification is provided to the employer and the Corporation, or the self-insured employer.

2. Commencement of weekly payments

Pursuant to section 50B (1) of the Act, provisional weekly payments of compensation by the employer or the Corporation, or self-insured employer are to commence within seven calendar days after initial notification of a disability by the worker, unless the Corporation or self-insured employer determines that there is a reasonable excuse for not commencing those weekly payments.

The Corporation or self-insured employer is deemed to have complied with the requirement to commence payments within seven calendar days if it has authorised the commencement of the weekly payments in writing to the worker. The actual payment of weekly compensation would then be made by the employer, Corporation or self-insured employer in accordance with the next scheduled pay period.

2.1 Reasonable excuse to not commence provisional payments

A 'reasonable excuse' will occur in the following instances:

2.1.1 Claim for compensation already determined

If a claim for compensation in respect of the same disability has been received by the Corporation or self-insured employer and has already been determined by the Corporation or self-insured employer.

2.1.2 The injured person is unlikely to be a worker under the Act

The applicant has been unable to establish their status as a worker, and the Corporation or self-insured employer considers on a reasonable basis, (which must be evidence based) that the applicant is unlikely to be a 'worker' under the Act.

2.1.3 The injury is not work related

The Corporation or self-insured employer has a reasonable excuse if it considers on a reasonable basis, (which must be evidence based) that it is likely that the worker did not sustain a disability or that the disability did not arise from employment within the meaning of section 30 (1) of the Act or that it does not meet the criteria of section 30A of the Act.

2.1.4 The injury is notified after 13 weeks of incapacity

The Corporation or self-insured employer has a reasonable excuse if the notice of disability is not given within 13 weeks after the date of the commencement of incapacity. However, the Corporation or self-insured employer may ignore this excuse if a liability is likely to exist and if it believes paying weekly compensation to the worker under provisional liability will be an effective injury management strategy for the worker to return to work.

2.2 Incidence of liability

2.2.1 Subject to this clause, the Corporation is liable for the payment of provisional weekly payments of compensation.

2.2.2 Where liability for the payment of provisional weekly payments of compensation arises from employment by a self-insured employer, the self-insured employer is liable to make such payments.

2.2.3 Subject to this clause, where a worker is, as a result of a disability, wholly or partially incapacitated for work and is in employment when the incapacity arises, the worker's employer is liable to pay provisional weekly payments of compensation—

2.2.3.1 if the period is two weeks or less—for the whole period; or

- 2.2.3.2 if the period is more than two weeks—for the first two weeks of the period.
- 2.2.4 Where a worker is, at the commencement of a period, in the employment of two or more employers, they are liable to pay the compensation referred to in clause 2.2.3 in proportions determined by agreement between them or, in default of agreement, by the Corporation.
- 2.2.5 Where an employer pays provisional weekly payments of compensation under clause 2.2.3 in respect of a disability that did not arise from employment by that employer, that employer may recover the amount of the payment from the Corporation, and the Corporation may, in turn, recover that amount from the employer from whose employment the disability arose.
- 2.2.6 The Corporation shall also undertake any liability of an employer under clause 2.2.3 in respect of a particular disability if the Corporation is satisfied that the employer has given notice to the Corporation of receipt of an initial notification from or on behalf of a worker within two business days after receipt of the relevant initial notification (and if an employer pays compensation despite the operation of this clause, the employer may recover the amount of the payment from the Corporation up to the amount of the provisional weekly payments of compensation payable to the worker under Division 7A of the Act in respect of the relevant period).
- 2.2.7 However, the waiver paragraph 2.2.6 will not apply if the employer has unreasonably failed to provide the necessary information requested by the Corporation's claims agent, within two business days of such request, to determine AWE and to commence provisional weekly payments of compensation.

2.3 *Notice to the worker of commencement of weekly payments*

Notice in accordance with section 50E of the Act that weekly payments have commenced or are authorised to commence must be given in writing to the worker by the Corporation or self-insured employer.

3. **Discontinuing provisional weekly payments of compensation**

- 3.1 Pursuant to section 50C (4) of the Act, provisional weekly payments of compensation may be discontinued by the Corporation or self-insured employer in the following circumstances:
- 3.1.1 if the Corporation or self-insured employer receives new credible and substantiated evidence (eg, the worker is not a worker as defined in the Act) that leads to the conclusion that the disability is not compensable, that was not obtained by, or provided to, the Corporation or self-insured employer at the time it decided to commence provisional liability and payments began, or
- 3.1.2 if contact with the worker cannot be made despite reasonable attempts being made over seven calendar days, or
- 3.1.3 if the worker consents to the discontinuance of weekly payments, or
- 3.1.4 the Corporation or self-insured employer is satisfied, on the basis of a certificate of a recognised medical expert, that the worker has ceased to be incapacitated for work by the notified disability, or

- 3.1.5 the worker has obtained work as an employee, or as a self-employed contractor, that is providing remuneration equal to or above the rate of the provisional weekly payments of compensation, or
- 3.1.6 the worker is dismissed from employment for serious and wilful misconduct, or
- 3.1.7 the worker breaches the obligation of mutuality.

For the purpose of clause 3.1.7 a worker breaches the *obligation of mutuality* in the same circumstances as are described in sub-sections 36 (1a) (a), 36 (1a) (d), 36 (1a) (e), 36 (1a) (f), 36 (1a) (fa) and 36 (1a) (g) of the Act.

3.2 If the Corporation or self-insured employer determines to discontinue provisional liability payments pursuant to section 50C (4) of the Act, it shall provide notice in writing to the worker, and in the case of the Corporation to the employer. The worker shall be provided with seven calendar days notice before the decision to cease provisional weekly payments of compensation takes effect, unless:

- 3.2.1 that would result in payments exceeding 13 weeks, or
- 3.2.2 payments are discontinued as the worker has obtained work as an employee, or as a self-employed contractor, which is providing remuneration equal to or above the rate of the provisional weekly payments of compensation.

NOTE: Further information on the operation of the provisional liability provisions in Part 4, Division 7A of the Act is contained in the 'supporting information paper' in Attachment B1.

Dated 17 December 2008.

PAUL CAICA, Minister for Industrial Relations

Attachment B1**Supporting information for provisional liability**

This document should be read in conjunction with the *Provisional payment guidelines*.

1. Introduction

This document provides supporting information to the *Provisional payment guidelines* published by the Minister for Industrial Relations that will guide the Corporation, its claims agent or the self-insured employer on the commencement of provisional weekly payments pursuant to Part 4 Division 7A of the *Workers Rehabilitation and Compensation Act 1986* (the Act) and the payment of provisional medical expenses pursuant to section 32A of the Act, for:

- (a) notification of disabilities from 1 January 2009, even if the disability occurred before 1 January 2009 (unless a worker has made a claim for the same disability pursuant to section 52 before 1 January 2009), and
- (b) disabilities sustained at any time with respect to a claim for provisional medical expenses.

1.1 Governing principles

1.1.1 The *Provisional payment guidelines* are founded on the following principles:

- Timeliness—to satisfy legislative requirements, so that workers, employers, the Corporation, its claims agent/s, self-insured employers and other persons acting on behalf of the worker or the employer will obtain and provide information about the disability in a timely manner.
- Sound decision making—decisions on the initial notifications and claims for provisional weekly payments of compensation will be made on the information available within the timeframe the legislation allows. Decisions will be reviewed (where necessary) as new information is received. Decisions to not commence provisional weekly payments on the basis of a reasonable excuse or to discontinue payments after they are commenced will be made by a suitably experienced person.

- Consent—worker’s consent to the collection, use and disclosure of personal and health information when they notify their disability or provide a designated medical certificate. All information will however be kept confidential and only released to other parties on a ‘need to know’ basis, as part of the management of the worker’s claim and in accordance with section 112 of the Act.
- 1.1.2 The aim of the guidelines and this supporting information is to assist with the:
- Prompt management of a worker’s disability.
 - Return to work as early as possible.
 - Provision of proper income support whilst a worker is incapacitated for work.
 - Clarification of the notification requirements for the reporting of disabilities.
 - Determination of entitlements once the disability is reported.

2. Initial notification and provisional liability

Section 50B of the Act sets out the requirement for provisional weekly payments to commence within seven days after initial notification to the employer (if the worker is in employment) **and** to WorkCoverSA or the self-insured employer.

2.1 Initial notification of disability

All incidents involving a disability, where workers compensation is payable or may be payable, should be notified to WorkCoverSA or its claims agent (in the case of a registered employer) and the employer, or the self-insured employer. This notification should be in accordance with one of the manners outlined in 1.2, or 1.3 if employer is self-insured, of the *Provisional payment guidelines*.

The claims agent or the self-insured employer will need to have implemented systems and allocated sufficient resources to make sure that the worker, or other person giving the initial notification, is guided through the process to assist them to provide all the information needed for the notification to be handled swiftly, efficiently and fairly.

The initial mandatory notification requirements will be met when the worker, employer or other representative of the worker has provided the minimum identifying information to WorkCoverSA, its claims agent or the self-insured employer as outlined in section 1.4 of the *Provisional payment guidelines*. If information is missing, which is essential to making a decision about the worker's entitlement to weekly payments, the claims agent or self-insured employer should inform the worker (orally or in writing), whether or not the worker gave the notification, that the notification is incomplete. The worker or their representative may then provide the missing information to complete the initial notification, and the seven days within which weekly payments must commence begins when all mandatory information required has been submitted (unless information identifying a further reasonable excuse exists).

Supporting information

The claim for commencement of compensation form designated for the purposes of Division 7A of the Act and section 52 of the Act includes further (non mandatory) supporting information to assist with the management of the disability. This information may include:

- details of any time off work and the expected return to work date;
- current weekly wage details;
- person to whom the payment is to be paid, including electronic fund transfer (EFT) details;
- telephone number of the treating doctor/surgery name;
- additional contact details for the employer and the worker;
- time of disability/incident and the duties the worker was undertaking when the disability occurred;
- hours usually worked and employment status (eg, full-time, part-time);
- language spoken or read by the worker and whether an interpreter is required;
- medical authority;
- name of employer's rehabilitation and return to work coordinator (if applicable).

3. Action following initial notification of disability

When the claims agent or self-insured employer receives an initial notification, within seven calendar days of the initial notification, it may:

- issue a claim notification number or claim number to the notifier at the time of the initial notification (if made by telephone);
- make early contact with the worker, employer/rehabilitation and return to work co-ordinator and treating doctor (if appropriate) to gather information to either determine the claim for compensation (if made) or to consider that provisional weekly payments should commence (and to assist in making decisions about reasonable and necessary medical services in the event of a claim being made pursuant to section 32A of the Act and the amount to be paid);
- start vocational rehabilitation (where considered appropriate) pursuant to section 26 (4) of the Act;
- commence weekly payments of compensation, in accordance with section 4 of the Act or provisional weekly payments, in accordance with the same methodology as section 4 of the Act, unless a reasonable excuse applies (see section 2 of the *Provisional payment guidelines*);
- decide on the period for which weekly payments will be paid on the basis of the nature of the disability, the period of the worker's incapacity and the expected future period of incapacity (for a period of up to 13 weeks). The 13 week period for weekly payments of compensation starts on the first date of incapacity for work and loss of wages;
- give written notice, to the worker and the employer about the decision that either payments are to commence (including a claim number) or about the application of a reasonable excuse for not commencing payments, in accordance with the regulations.

The acceptance of liability on a provisional basis does not constitute an admission of liability by WorkCoverSA or a self-insured employer under the Act or independently of the Act.

Notice to the worker and employer

The notice in writing to the worker and employer may include:

- that weekly payments have commenced on the basis of provisional acceptance of liability;
- the period for which weekly payments is accepted;
- the rate of weekly payment to be paid;
- who will pay the worker (claims agent or employer),

and must include a statement in the designated form about the operation of the Act in relation to the payments and the making of a claim.

A liability to make weekly compensation pursuant to acceptance of liability on a provisional basis under Division 7A of the Act is not affected by the making of a claim for compensation.

Advice to the worker and employer if a reasonable excuse is used

If the claims agent or self-insured employer has a reasonable excuse for not accepting provisional liability and commencing payments, it should inform the employer within seven days.

The claims agent's or self-insured employer's notice to the worker, which must be given within seven calendar days, in accordance with the regulations, should include the following:

- details of the reasonable excuse, including copies of information, documents, and medical reports that are relevant and were considered in making the decision;
- details of what information is considered missing (if applicable) and a timeframe for when the worker needs to provide this information by, so that provisional liability may be re-assessed;
- that the worker may contact the claims agent or the self-insured employer; or
- that the worker can make a claim for compensation and details of how to make a claim and their rights under the Act, including advice on contacting the WorkCover Ombudsman.

Circumstances affecting payment under provisional liability

Provisional weekly payments can be paid for a cumulative total period of 13 weeks. Once a claims agent or self-insured employer has paid weekly payments of compensation to a worker under provisional liability for at least nine weeks, it is recommended that the claims agent or self-insured employer determine the claim for compensation, if appropriate, so weekly payments of compensation can extend beyond 13 weeks in the case of ongoing partial or total incapacity. If the form designated under section 52 (5) (b) of the Act has not been submitted, the employer will be required to submit one.

Further, if the period for making payment of provisional weekly payments ends before the determination of a claim for compensation, the claims agent or self-insured employer may (but need not), subject to any provision made by the *Provisional payment guidelines*, continue to make provisional weekly payments until the determination of the claim or until otherwise determined by the claims agent or self-insured employer (before the determination of the claim).

Ceasing payment under provisional liability

The notice to inform the worker and employer that provisional payments have been discontinued must include the reason that they have been discontinued, together with all documents and medical reports relevant to the decision. The notice must also inform the worker and employer that they may contact the WorkCoverSA's claims agent or the self-insured employer for further information.

Regardless, provisional weekly payments of compensation should be discontinued if:

- the worker returns to work before the end of the accepted period of provisional liability for weekly payments and is not likely to require any further time off work; or
- the worker makes a claim for compensation which is accepted.

In these two circumstances the seven day notice period for advising the worker that provisional liability payments will cease does not apply.

The notice period will also not apply if seven days notice would result in payments exceeding 13 weeks.

Provisional liability for medical expenses—section 32A of the Act

The claims agent or self-insured employer can make provisional payment of medical and other expenses within the ambit of section 32 of the Act, up to \$5 000 in respect of a particular disability, provided they are reasonable and necessary for the management of the injury.

There is no time limit in respect of the period over which these expenses can be incurred, as long as the \$5 000 limit is not exceeded. If the worker has paid for reasonably necessary medical treatment, the claims agent or self-insured employer should reimburse the worker within 14 business days after the worker requests payment. A claim for reimbursement of medical expenses will be made in the manner nominated by the claims agent or self-insured employer. If medical expenses are likely to exceed \$5 000, a letter should be sent to the worker indicating a claim for compensation may need to be determined, in order for further payments to be made.

Fourth schedule reporting requirements for self-insured employers

If an initial notification is made that results in a reasonable excuse being applied, or the request for provisional payments is withdrawn by the worker, the record should **not** be included in the data provided to WorkCover for fourth Schedule reporting requirements. Where compensation is paid under provisional liability, those records must be included in fourth Schedule reporting in accordance with the guidelines set out in the WorkCoverSA Technical Specification.

Set-offs and rights of recovery

An amount paid under provisional liability will be set off against a liability to make weekly payments of compensation under Division 4 of the Act.

If the worker has acted dishonestly in making an application or providing information under Division 7A of the Act, and it is subsequently determined that the worker was not entitled to compensation under the Act, if WorkCoverSA or the self-insured employer has made payments under provisional liability, including weekly compensation and medical and other expenses under section 32, WorkCoverSA or the self-insured employer may, in accordance with the regulations, recover the amount/s paid from the worker as a debt.

Costs incurred under provisional liability (except for the first two weeks of incapacity, where the waiver of the employer excess does not apply and the employer has paid the worker) will be a cost to the Scheme and impact on the registered employer's levy, unless the claim is subsequently rejected or relates to a secondary or unrepresentative disability.

Waiver of employer excess for registered employers**Waiver of employer excess for the first two weeks of incapacity**

From 1 January 2009, if a registered employer reports an initial notification of disability to WorkCoverSA or the claims agent within two business days of their receipt of the initial notification, the employer will be entitled to a waiver of the excess of up to the cost of weekly payments for the first two weeks of incapacity.

How and when will this occur?

1. When the decision is made to commence provisional weekly payments, the case manager will establish whether the claim was reported within two business days by the employer. If this has occurred, the case manager will then, as part of their confirmation with the employer that the worker is to be paid weekly compensation, advise the employer that they do not have to pay or, if they have already paid, that they are entitled to seek reimbursement of the costs for the first two weeks of incapacity.
2. The case manager will then include confirmation of this advice in a letter to the employer.

The waiver of the employer's excess will not occur if

- The initial notification of disability is not reported within two business days of its receipt by the employer; or
 - The employer has unreasonably failed to provide the necessary information requested by WorkCoverSA's claims agent, within 2 days of such request, to determine AWE and to commence payment of weekly compensation.
-

WORKERS REHABILITATION AND COMPENSATION ACT 1986**Publication of Designated Form****Preamble**

Section 32A (1) of the *Workers Rehabilitation and Compensation Act 1986* (WRCA) provides that:

A worker may, by application made to the Corporation in the designated manner and the designated form, apply to the Corporation for the payment of costs within the ambit of section 32 before the determination of a claim under Division 8.

Section 3 (13) of the WRCA provides that:

A reference in a provision of this Act to a designated form is a reference to a form designated for the purposes of that provision by the Minister from time to time by notice in the Gazette.

NOTICE

- 1.1 Pursuant to section 32A (1) of the WRCA, and subject to paragraph 1.3 of this notice, I give notice that, from 1 January 2009, the form at Appendix 1 is the 'designated form' for the purposes of that section.
- 1.2 If information that meets the minimum requirements outlined in paragraph 1.4 of the Provisional Payment Guidelines (published by me in *Government Gazette* No. 76 of 18 December 2008) is provided to the Corporation as part of an initial notification of injury under Division 7A of the WRCA, the requirement of section 32A (1) to submit an application in the designated form will be deemed to have been satisfied.

Dated 17 December 2008.

PAUL CAICA, Minister for Industrial Relations



Claim form

What is this form?

This form can be used to notify a workplace injury or seek compensation payments if you have been injured at work with an employer registered in South Australia. Alternatively, this information can be provided by telephone to Employers Mutual, WorkCoverSA or the self-insured employer (see information to the right).

Receiving this information will enable a request for compensation to be considered and will provide sufficient information for the case manager to assist in the return to work process.

If there is insufficient space provided for any of the questions, please attach additional information. A copy of this form should be kept for your records.

Who can fill out this form?

- An injured worker
- An employer*
- A representative, such as a treating doctor, first aid officer or a worker's relative or friend

It is important to ensure that the employer (if you are not the employer) has also been provided with these details if you are notifying WorkCover or Employers Mutual directly (unless the worker is not in employment at the time of injury).

* An employer may complete this form to notify of an injury or begin the claim process, however they may be asked to complete an *Employer Report Form* if the claim will be ongoing after 13 weeks and additional information is required.

Compensation Payments

Weekly compensation payments will be payable, within seven days (where possible) of the claims agent or self-insured employer being notified of a workplace injury by telephone or by receipt of this form.

For payments to commence, the mandatory information, marked in bold and shaded on this form, must be received by WorkCoverSA, Employers Mutual, or the self-insured employer.

A *WorkCover Medical Certificate* from the doctor must also be provided. The employer and injured worker will receive a letter within seven days advising whether compensation payments will commence and what to do if they don't agree with the decision.

The information in this form can be provided to:

Employers Mutual

By phone: 1300 365 105
 By fax: (08) 8127 1200*
 By post: GPO Box 2575, Adelaide SA 5001
 Online at: www.employersmutual.com.au
 OR

WorkCoverSA

By phone: 13 18 55 (Service Centre)
 By fax: (08) 8233 2466*
 By post: GPO Box 2668, Adelaide SA 5001
 OR

Self-insured employer

In accordance with the procedures issued by the individual employer.

**forms can be torn at perforation for faxing.*

If you need help filling in this form or have any questions, speak to:

- A supervisor
- The employer's workers compensation or return to work coordinator
- A union representative
- A occupational health and safety officer/representative
- Employers Mutual on 1300 365 105
- WorkCoverSA on 13 18 55.

If you are unable to fill in the form because it is in English, staff from the WorkCover Service Centre will arrange interpreting services. This interpreting service is available at no cost to you.



Claim form

The shaded boxes must be completed for this to be considered a notice of injury or claim for compensation. However by filling in the other boxes and supplying as much information as possible we can effectively manage the claim.

Please tick the relevant box

- I want to give notice of an injury only (no request for weekly payments or medical and other expenses at this time)
- I want to give notice of an injury and request provisional weekly payments and/or medical expenses*

* This request will start provisional payments within 7 days (in most cases). A formal claim for compensation under section 52 can be made by contacting the claims agent or self-insured employer. Please refer to the back page for more information.

Worker's details	Employer's details
Worker's family name <input style="width: 100%; height: 20px;" type="text"/>	Employer's name <input style="width: 100%; height: 20px;" type="text"/>
Other names <input style="width: 100%; height: 20px;" type="text"/>	Employer's address <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Postcode <input style="width: 100%; height: 20px;" type="text"/>
Do you wish to identify as: Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>	Employer's registration number, if known <input style="width: 100%; height: 20px;" type="text"/>
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Location number, if known <input style="width: 100%; height: 20px;" type="text"/>
Date of birth <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/>	Contact name (if employer has more than 30 employees, this will usually be the rehabilitation and return to work coordinator) <input style="width: 100%; height: 20px;" type="text"/>
Former name/s <input style="width: 100%; height: 20px;" type="text"/>	Telephone <input style="width: 100%; height: 20px;" type="text"/>
Country of birth <input style="width: 100%; height: 20px;" type="text"/>	Facsimile <input style="width: 100%; height: 20px;" type="text"/>
Residential address <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Email <input style="width: 100%; height: 20px;" type="text"/>
Postcode <input style="width: 100%; height: 20px;" type="text"/>	Was there any time lost due to injury/disease? Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal address <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Current gross weekly wage \$ <input style="width: 100%; height: 20px;" type="text"/> <small>(if time off work)</small>
Postcode <input style="width: 100%; height: 20px;" type="text"/>	Hours per week <input style="width: 100%; height: 20px;" type="text"/>
Telephone number	Occupation and main tasks <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Daytime: <input style="width: 100%; height: 20px;" type="text"/>	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/>
Mobile: <input style="width: 100%; height: 20px;" type="text"/>	Apprentice <input type="checkbox"/> Trainee <input type="checkbox"/> State/Federal Award <input type="checkbox"/>
Email address <input style="width: 100%; height: 20px;" type="text"/>	Employer notification
Does the worker need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date employer notified of injury* <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/>
Language spoken or read <input style="width: 100%; height: 20px;" type="text"/>	Person notified: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Dialect <input style="width: 100%; height: 20px;" type="text"/>	Family name <input style="width: 100%; height: 20px;" type="text"/>
Has the worker ever had a workers compensation claim? Yes <input type="checkbox"/> No <input type="checkbox"/>	Given name <input style="width: 100%; height: 20px;" type="text"/>

* The date when the employer received the minimum information (in the shaded boxes) on this form.

Tear along perforation for faxing

Injury details

Description of injury (injury/disease suffered)

[Text input field]

How the injury occurred? (what led to the injury occurring)

(Refer overleaf for examples of how to answer this question)

[Text input field]

Part of the body affected (eg, left upper arm, internal organs etc)

[Text input field]

Treating doctor's name and/or surgery name

[Text input field]

Or, if the worker is hospitalised, name of hospital

[Text input field]

Doctor/hospital address (phone number if unknown)

[Text input field]

Most recent WorkCover Medical Certificate from

[Date input field] to [Date input field]

Incapacity totally unfit for work partially unfit to work

When did the injury/disease occur?

- while working at usual workplace
- traffic accident while working
- while having a break
- while travelling to or from work
- while attending an approved course of study
- while working elsewhere

other (please specify)

[Text input field]

When did the injury happen or when was the injury/disease first noticed?

[Date input field]

Time of injury

[Time input field] am/pm

If the worker stopped work due to injury/disease, what date did they stop work?

[Date input field]

Expected return to work date

[Date input field]

Other current employment

Does the worker have any other current employment?

Yes No

Medical authority

If you (the notifier) are not the injured worker, please do not complete this section. Signing this authority will help the request for compensation to be processed more quickly.

I give permission for my medical expert to provide WorkCoverSA, its claims agent Employers Mutual or my self-insured employer with information relating to my injury or condition. I also give permission for any medical experts to receive x-rays, medical records or reports relating to my claim (including copies) for the purpose of writing a report about my injury or condition. A photocopy of this medical authority is as valid as the original.

Signature of the worker

[Signature box]

Date

[Date input field]

Electronic Funds Transfer (EFT) details

Please provide the worker's bank details to have any workers compensation payments deposited directly into their bank account.

Bank BSB number [input] - [input]

Bank name

[Text input field]

Branch address

[Text input field]

Account number

[Text input field]

Account name

[Text input field]

Note: a remittance advice of any payment/s processed via EFT will be sent to you via post. Please advise the claims agent (within five days) if any of the bank account details provided are changed.

Notifier's details

Notifier's name

[Text input field]

I am: The worker The employer Other

If other, please specify:

[Text input field]

Address

[Text input field]

Telephone number

[Text input field]



Claim form

Rights and responsibilities

Worker's responsibilities

- To notify their employer as soon as possible if they have been injured in the course of their employment. This may be a person in the workplace such as the rehabilitation and return to work coordinator, the health and safety representative or the immediate manager/supervisor. A copy of this form can be used for this purpose. The employer may have their own policy in place for this.
- To give to their employer any paid accounts for reimbursement or invoices for expenses incurred.
- To provide to the employer up-to-date *WorkCover Medical Certificates*.
- To be actively involved in their treatment and rehabilitation and comply with the requirements of a rehabilitation and return to work program.
- To undertake suitable employment that their doctor says they are fit to perform.
- To ensure that they do not provide any false or misleading information about a claim. (Note: It is an offence to provide false or misleading information about a claim).

Worker's rights

- To be paid weekly payments, if off work, once their notification is received (unless a reasonable excuse is applied or notification only) or a claim for compensation is determined.
- To have medical and other expenses paid promptly eg, travel.
- To have a current copy and be meaningfully involved in all decisions regarding their approved rehabilitation program/plan.
- To raise with the person managing their claim any dissatisfaction with their allocated rehabilitation provider.
- To have a treating doctor/specialist of their choice and obtain a second opinion from a specialist.
- To be provided with copies of all medical reports concerning their claim within seven (7) business days of Employers Mutual or the self-insured employer receiving them.
- To have a representative or support person present at any meeting or hearing about their claim (eg, family member, union, employee advocate, solicitor).
- To have any personal information kept confidential.
- To have an interpreter at meetings and appointments if required.

Employer's responsibilities

- To pay the first two weeks of income maintenance unless the employer is a self-insured employer, or has taken out the buy-out option or has previously made weekly payments of at least two weeks during this calendar year to this worker.
- To report to Employers Mutual within five (5) business days of receipt of an injury notification. Failure to notify Employers Mutual of a disability within five (5) business days may incur penalties of \$1000 and imposition of supplementary levies. However, if reported within two (2) business days, they will be entitled to a **waiver of the cost of weekly payments for the first two (2) weeks** of incapacity. For this to occur, the employer must also provide the required information for Employers Mutual to calculate the worker's Average Weekly Earnings in time for them to approve payments within seven (7) calendar days.
- To forward to Employers Mutual any *WorkCover Medical Certificates* and associated paid accounts for reimbursement or invoices for expenses incurred from the worker.
- To complete an *Employer Report Form* and submit it to the claims agent if a claim for compensation will be ongoing beyond 13 weeks.
- To forward an injured workers wage information required by the claims agent upon request.
- To provide suitable employment to an injured worker and cooperate with the implementation of a rehabilitation program.

Important reminder for employers

If the worker's injury is an '**immediately notifiable work-related injury**' the employer must, if they have not already done so, notify their local regional office of SafeWork SA by telephone 1800 777 209 or fax, pursuant to Reg 6.6.2(1) of the Occupational Health, Safety and Welfare Regulations, 1995. These are work-related injuries that:

- cause death
- show acute symptoms associated with exposure to a substance at work
- require treatment as an inpatient in a hospital immediately after the injury (disregarding any time taken for emergency treatment or transporting the person to hospital).

SafeWork SA can also be contacted by email at help@safework.sa.gov.au.

How the injury occurred (What led to the injury occurring)? example

Walked outside to front end loader	➔ Slipped over in a puddle of water on driveway	➔ Hitting my head on front end loader
Machining wood on bandsaw	➔ Band saw caught in knot in wood throwing wood out	➔ Wood flying up and hitting head
Using angle grinder	➔ Cast iron chip flew from angle grinder	➔ Foreign body entering unprotected eye
Repeatedly lifting cartons of wine	➔ Lifting heavy cartons	➔ Heavy cartons of wine put strain on back

Further explanation on the completion of this form

A **notice of injury** only under section 51 of the *Workers Rehabilitation and Compensation Act 1986* (the Act) means that you wish to give written notice that an injury has occurred, but do not request any compensation payments at this time. If, at a later date, you wish to claim compensation (weekly payments and/or other expenses) you will need to lodge a claim for provisional payments under Division 7A or section 32A of the Act (provided it is within the first 13 weeks since the injury) or section 52.

A **notice of an injury and request for provisional weekly payments** means that you seek weekly payments of compensation (under Part 4, Division 7A of the Act) and/or medical and other expenses (under section

32A). Provisional payments under these sections will start within 7 calendar days (in most cases) but weekly payments will be limited to 13 weeks and medical and other expenses will be limited to \$5000. If payments are likely to exceed these limits, you are entitled to make a claim for compensation under section 52 of the Act, even if you have already given a notice of injury and sought provisional payments.

If a claim for compensation is made under section 52 of the Act, payments will start if and when the claim is accepted. This covers ongoing weekly payments and medical and other expenses. If you wish to make a claim for compensation under section 52, please contact your case manager.

WORKERS REHABILITATION AND COMPENSATION ACT 1986**Publication of Designated Forms****Preamble**

Section 50D of the WRCA states:

If weekly payments of compensation are not commenced because of a reasonable excuse under the Provisional Payment Guidelines, the Corporation must within the prescribed period give the worker notice in writing that there is a reasonable excuse for not commencing weekly payments of compensation and include in that notice—

- (a) details of that reasonable excuse; and*
- (b) a statement in the designated form about the worker's rights under this Act (including to make a claim under Division 8).*

Section 50E of the WRCA states:

As soon as practicable after weekly payments of compensation commence under this Division, the employer or Corporation (as required under the Provisional Payment Guidelines) must give the worker notice in writing—

- (a) notifying the worker that weekly payments of compensation to the worker have commenced on the basis of provisional acceptance of liability; and*
- (b) setting out a statement in the designated form about the operation of this Act in relation to the payments and the making of a claim.*

Section 3 (13) of the WRCA provides that:

A reference in a provision of this Act to a designated form is a reference to a form designated for the purposes of that provision by the Minister from time to time by notice in the Gazette.

NOTICE

- 1.1 Pursuant to sections 50D and 50E of the WRCA, I give notice that, from 1 January 2009, the forms at Appendices 1 and 2 respectively are the 'designated forms' for the purposes of those sections.

Dated 18 December 2008.

PAUL CAICA, Minister for Industrial Relations

Appendix 1**Statement of workers' rights under the WRCA—section 50D****What you need to know about your rights under the Act.**

Decisions not to commence provisional weekly payments are not reviewable. However, you may seek determination of a claim for compensation under Section 52 of the *Workers Rehabilitation and Compensation Act 1986* (see below). This means the decisions about provisional weekly payments cannot be disputed or resolved at the Worker's Compensation Tribunal under Parts 6A and 6B of the *Workers Rehabilitation and Compensation Act 1986*. Refer to section 50I (b) of the attached extract of the Act.

You may make and request a formal determination of a claim for compensation under section 52 of the Act (extract attached), using the information provided, by contacting the case manager on The case manager will advise you if you need to submit any further information to enable a formal determination of your claim. This decision should be made (where possible) within 10 business days of your request.

If you believe the explanation provided to you for not commencing provisional weekly payments was unreasonable eg, based on wrong information, or you have further information, you may wish to discuss this with your case manager.

If, after having provided, new or further information, you are dissatisfied with the response from your claims manager and you believe the decision does not comply with the Provisional Payment Guidelines, you may make a complaint to the WorkCover Ombudsman by contacting the WorkCover Ombudsman as follows:

WorkCover Ombudsman South Australia**Freecall: 1800 195 202**

Level 6 Chesser House
91-97 Grenfell Street
Adelaide, S.A. 5000
G.P.O. Box 2343
Adelaide, S.A. 5001
Telephone: (08)8463 6593
Facsimile: (08) 8204 2169
Email: owo@saugov.sa.gov.au

Appendix 2**Statement about the operation of the Act for the purposes of section 50E****What you need to know about these payments and making a claim for compensation.**

These are provisional weekly payments of compensation paid on the basis of provisional acceptance of liability. Please note that these payments do not constitute an admission of liability under the Act.

Provisional weekly payments of compensation can only be paid to you for a maximum period of 13 weeks.

After provisional weekly payments have commenced for a period, they can be discontinued if you fail to provide a designated medical certificate if requested by your case manager or on the basis of any grounds contained in the Provisional Payment Guidelines, which are as follows:

- There is new credible and substantiated evidence (eg, you are not a worker as defined in the Act) that leads to the conclusion that the disability is not compensable.
- You consent.
- Your case manager cannot contact you for over a week despite making reasonable attempts.
- Your case manager receives a certificate from a doctor which certifies that you have recovered and that you have ceased to be incapacitated for work.
- You return to work and are earning wages equal to or in excess of the rate of your provisional weekly payments.
- You are dismissed from employment for serious and wilful misconduct; or
- You have breached the obligation of mutuality.

Applying for, or receiving, provisional weekly payments does not prevent you from also making a claim for compensation under section 52 of the Act. Refer to the attached copy of section 52 of the Act.

If you choose to make a claim for compensation in respect of the same disability for which you received provisional weekly payments, you will not receive additional weekly payments for the same period during which you received those provisional weekly payments.

For further information, refer to the attached copy of Division 7A and the Provisional Payment Guidelines which can be found on www.workcover.com.

WORKERS REHABILITATION AND COMPENSATION ACT 1986**Amendment to Designated Forms****Preamble**

Section 62 (1) of the WRCA states that:

An application for registration as an employer, a self-insured employer or a group of self-insured employers—

(a) must be made in the designated manner and the designated form.

Section 3 (13) of the WRCA provides that:

A reference in a provision of this Act to a designated form is a reference to a form designated for the purposes of that provision by the Minister from time to time by notice in the Gazette.

NOTICE

- 1.1 Pursuant to section 62 (1) (a) of the WRCA, I give notice that, from 1 January 2009, the forms at Appendices 1 and 2 respectively are 'designated forms' for the purposes of those sections. These forms supersede the corresponding forms previously designated for the purposes of 62 (1) (a) on 10 July 2008.

Dated 17 December 2008.

PAUL CAICA, Minister for Industrial Relations



Application for registration as an employer

Workers Rehabilitation and Compensation Scheme – South Australia

You must register within 14 days of employing a worker. Please supply in writing, reason(s) if you are registering after the 14 day period - a penalty may apply.

Use this form to register as an employer of workers where the *Workers Rehabilitation and Compensation Act 1986* applies and for occupational health, safety and welfare purposes.

Do you employ any worker who is (or is to be) usually employed outside South Australia? No Yes

Workers who usually work in another State or Territory may not be covered under the South Australian legislation. You should consider also arranging cover in the appropriate State or Territory.

A minimum levy applies to each employer registration.

PLEASE NOTE: For assistance in completing this form contact WorkCover.

Phone: 13 18 55

Email: info@workcover.com

TTY (deaf or have hearing impairments): (08) 8233 2574

Languages other than English: call the Interpreting and Translating Centre - (08) 8226 1990. Ask for an interpreter to call WorkCover on 13 18 55. This service is available at no cost to you.

Visit our website or register online at www.workcover.com

If you operate a business activity at more than one location where workers are employed, you will need to fill out an *Application to provide additional location details* form for each extra location.

Please complete the form in block letters using a black pen

1. Full legal name(s) of employer

For an individual or partnership, list the family names first, followed by the other names.

The employer's legal name is not necessarily the same as the trading name. For example, John Peter Smith trading as ABC Retail, ABC Retail is the trading name, but John Peter Smith is the legal name of the employer.

2. Tick one box to show the type of employer

- Sole proprietor (one person) Partnership
- Private company* Public company*

*Please provide Australian Company Number

--	--	--	--	--	--	--	--	--	--

Other

(Describe)

OFFICE USE ONLY	Date form received:	Registration No:	SAWIC Code:
	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Australian Business Number (ABN)

Please provide in the boxes (right)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. GST status

(a) Is (or will) your business be registered for GST purposes?

Yes go to question 4(b)

No go to question 5

(b) Is your business claiming (or entitled to claim) as an input tax credit **all** of the GST paid on the WorkCover levy?

Yes go to question 4(d)

No go to question 4(c)

(c) If your business is **not claiming** (or entitled to claim) **all of the input tax credits** for the GST paid on the WorkCover levy, what percentage of the GST is your business claiming (or entitled to claim)?

%

(d) On what date did (or will) your business become eligible to claim input tax credits for the GST paid on the WorkCover levy?

/ /
Day Month Year

5. Company directors

Give FULL names (including middle names) of all directors. If more attach list. Tick appropriate box to indicate working or non-working director

Last name	Given names	Working director	Non-working director

6. Other registrations as an employer

Please list ALL other businesses in which the employer listed in Q1, or directors listed in Q5 are currently or have been previously involved in the past five years. If more attach list.

Name:	WorkCover registration number (if applicable):

7. Trust

Is the employer appointed as a trustee of a trust? If so, state the name of the trust.

8. Registered business or trading name

(if applicable)

9. Mailing details

What is your postal address for service of notices and correspondence?

Postcode

What is your email address?

Please provide your website address.

10. Contact person

Provide details of your authorised contact person who may be contacted for further information.

Name	Mr/Mrs/Ms/Other
Position/Title	<input type="text"/>
Phone number	() <input type="text"/> Mobile
Fax number	() <input type="text"/>
Email	<input type="text"/>

10a. Rehabilitation and return to work coordinator

If during the financial year you employ or expect to employ 30 or more workers continuously for three or more months, you are required to appoint a rehabilitation and return to work coordinator within six months after being required to be registered as an employer with WorkCover.

Name	
Phone	()
Mobile	()
Fax	()
Email	
Date appointed	

11. Have you provided the postal or email address of your accounting firm at question 9 and 10?

Yes No

If no, provide details of your accounting firm.

Name	
Telephone	()
Fax number	()
Email	
Address	

12. Address where the employer's business records can be examined

This must be a street address, an accountant's name and address, or a farm location (not a post office box number)

	Postcode
Phone number	() Mobile
Fax number	()
Email	

Main location details (For additional locations, use *Application to provide additional location details form*.)

13. Why are you registering this location/business?

(Please tick one box only)

- Purchased existing location
- Purchased existing business
- Takeover
- Merger
- Changed legal status
- Set up your own new business/location
- Other Give details

If you have purchased an existing location, changed legal status or merged, please give us the following information:

Previous employer name

Their WorkCover registration number(s)

Location number(s) Phone number
 ()

Previous Australian Business Number for this location

14. At how many locations are workers employed?

Each site where an employer controls or directs workers on a relatively permanent basis is a location. (Temporary sites away from a base are not regarded as locations, eg, building sites.)

15. When did/will you start employing at this location?

Date / /

Appendix 2



Application to amend employer registration details

Workers Rehabilitation and Compensation Scheme – South Australia

Please note:
 For assistance in filling out this form contact WorkCoverSA
 Telephone: **13 18 55**
 Email: **info@workcover.com**
 TTY (deaf or have hearing impairments): (08) 8233 2574
 Languages other than English: call the Interpreting and Translating Centre - (08) 8226 1990. Ask for an interpreter to call WorkCover on 13 18 55. This service is at no cost to you.
 Visit our website at www.workcover.com

Please complete the form in BLOCK LETTERS using a black pen and return to WorkCoverSA by:

Mail GPO Box 2668
 Adelaide SA 5001

In person 100 Waymouth St
 Adelaide SA

Fax (08) 8233 2990

To amend details about you as an employer or your business, complete details on this page and Part A.

For a change which results in (or is expected to result in) a new Australian Business Number (ABN) being issued, do not use this form. A new *Application for registration as an employer* form is required to be completed and provided to WorkCover.

To amend the address of an existing location, complete details on this page and Part B.

For changes involving an additional location, do not use this form. An *Application to provide additional location details* is required to be completed and provided to WorkCover.

To cancel a location or registration, complete details on this page and Part C.

- **Employer name**
 (as shown on your WorkCover Certificate of Registration)
- **Employer number**
- **Australian Business Number (ABN)**

Declaration

I declare that the information I have given in this form is complete and correct.

Signature of employer, Public Officer or authorised person Date

Full name of the person who signed this declaration

Part A - Amend details about you or your business

1. What is the DATE OF EFFECT of the following change(s)? Now complete only those questions 2 to 8 in Part A for which your details have changed.

2. To inform a change of business activity carried out at this location.

If you have changed your business activity/ industry at any location, tick this box: Please attach a brief explanation of the type of business now carried out including the number of full-time workers and remuneration paid in each type of activity if more than one type of industry is carried out.

An officer from WorkCover will be in contact with you to discuss this change and its affect (if any) on your levy rate.

Continued on the next page

8. To amend business records address

Please provide the full address (not post office box). For farms include the road name, the Sections & Hundreds

Address input fields with Postcode label

Phone number, Mobile, Fax number, Email input fields

9. GST status

- (a) Is your business registered for GST?
(b) Is your business claiming (or entitled to claim) as an input tax credit all of the GST paid on the WorkCover levy paid?
(c) If your business is not claiming (or entitled to claim) all of the input tax credits for the GST paid on the WorkCover levy, what percentage of the GST is your business claiming (or entitled to claim)?
(d) On what date did (or will) your business become eligible to claim input tax credits for the GST paid on the WorkCover levy?

Yes/No checkboxes and percentage/date input fields

Part B - To amend the address of an existing location

1. What is the DATE OF EFFECT of the following change(s)?

Date input field (/ /)

Now complete only those questions 2 to 4 in Part B for which details have changed.

2. To amend the physical location of an existing location

Location number, New location address, Postcode input fields

If the business activity or industry has changed, please attach details (refer Part A - Question 2)

3. To amend location contact details

Contact name, Telephone, Fax number, Email, Location number, Mobile, Trading name input fields

4. Revised estimate of total gross remuneration

Revised estimate of total gross remuneration including wages, employer's superannuation contributions, leave payments and other allowances and benefits expected to be paid to your workers during the current financial year.

\$ input field

Part C - Cancellation of location(s) or registration

1. Do you wish to:

- (i) cancel your entire registration
- (ii) maintain your existing employer registration but cancel one or more locations.

On what date did the business cease employing workers?

Location numbers of those locations you wish to cancel	Date employment ceased at this location
<input type="text"/>	<input type="text" value="/ /"/>
<input type="text"/>	<input type="text" value="/ /"/>
<input type="text"/>	<input type="text" value="/ /"/>

2. Why do you wish to cancel your registration/location(s)?

Business/location sold <input type="checkbox"/>	} →	• Who was it sold to/merged with?
Business/location merged <input type="checkbox"/>		Name <input type="text"/>
Employer bankrupt or liquidated <input type="checkbox"/>		Address <input type="text"/>
Employer deceased <input type="checkbox"/>		Postcode <input type="text"/>
Ceased employing <input type="checkbox"/>		Phone Number () Mobile <input type="text"/>
		Fax Number () <input type="text"/>
		Email <input type="text"/>
Other <input type="checkbox"/> Please give details		• Do you still conduct any business in which you employ workers? No <input type="checkbox"/> Yes <input type="checkbox"/>
		If yes and the location needs to be registered you will need to complete an <i>Additional location form</i> or complete Part B of this form.
		<input type="text"/>

3. What is your future forwarding address?

	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Phone number	() Mobile <input type="text"/>
Fax number	() <input type="text"/>
e-mail	<input type="text"/>

4. Please detail below the total remuneration for the cancelled location(s) or registration for the current financial year for which you were employing.

Location no.	Period of operation (this financial year)	Total remuneration (refer definition)	WorkCover levy rate	Calculated levy
	to	\$ -00	%	\$ -
	to	\$ -00	%	\$ -
	to	\$ -00	%	\$ -
	to	\$ -00	%	\$ -
	to	\$ -00	%	\$ -
Total A				\$ -
Less rebate (if applicable)				\$ -
Total B				\$ -
Plus GST (% of B)				\$ -
Plus OHSW Govt reg fee (% of A)				\$ -
Total C				\$ -
Less AMOUNT PAID				\$ -
AMOUNT PAYABLE				\$ -

Please note: Minimum levy applies

WORKERS REHABILITATION AND COMPENSATION ACT 1986*Publication of Designated Forms**Preamble*

Section 3 (13) of the *Workers Rehabilitation and Compensation Act 1986* (the WRCA), provides that 'A reference in a provision of this Act to a designated form is a reference to a form designated for the purposes of that provision by the Minister from time to time by notice in the *Gazette*.'

NOTICE

PURSUANT to section 39 (1a) of the WRCA, the Minister for Industrial Relations gives notice that the template letter at Appendix 1 is a 'designated form' for the purposes of that provision, and replaces the template letter published in the *South Australian Government Gazette* on 10 July 2008.

Dated 18 November 2008.

PAUL CAICA, Minister for Industrial Relations

Appendix 1**Section 39(1a) – Notice of Intention to Review Weekly Payments**

Date

Workers name
Workers Address

Dear

Re: Claim number:
Employer:

Pursuant to section 39 of the Act*, where a worker to whom weekly payments are payable is incapacitated or likely to be incapacitated for work for more than a year, the Corporation is required to review those weekly payments for the purpose of making an adjustment to them pursuant to that section. An extract of section 39 of the Act is attached.

This letter is to advise that, as you are likely to be totally or partially incapacitated for work for a period exceeding one year, the Corporation is proposing to undertake such a review of your weekly payments, and to adjust them if necessary.

This review is due to take place on and any adjustment of your weekly payments will take effect in accordance with section 39(2)(b) of the Act.

There are two ways this adjustment can be calculated.

If, at the time of the occurrence of your disability, you were a member of a group of workers whose rates of remuneration were prescribed by an award or enterprise agreement and you wish to make a representation to the Corporation that the adjustment of your weekly payments should be calculated on the basis of changes in those rates of remuneration, you must complete the attached form and provide it to the undersigned. In addition, you are entitled to make any other written representations on the subject of the review of your weekly payments. The attached form and any representations must be provided to the undersigned within [*insert specified number of days*] days of receiving this notice.

If you do not complete the attached form, the adjustment of your weekly payments will be based on changes in the rates of remuneration payable to workers generally or to workers engaged in the kind of employment from which your disability arose.

Please contact me on..... if you wish to discuss this matter or have any questions about the information in this letter.

Yours faithfully,

Signature
[Name of person issuing the notice]
[Title of person issuing the notice]
[Name of compensating authority or agent]

* *Workers Rehabilitation and Compensation Act 1986*, as amended.