



Australian Government

Seafarers Safety, Rehabilitation
and Compensation Authority

CLAIM FOR WORKERS' COMPENSATION

Seafarers Rehabilitation and Compensation Act 1992

Information about claiming workers' compensation

In this document, all references to 'the employer' mean the employer against whom this claim is made.

Please complete this form if you want to claim workers' compensation under the *Seafarers Rehabilitation and Compensation Act 1992* (Seafarers Act). This form is approved by the Seafarers Safety, Rehabilitation and Compensation Authority (Seacare Authority) in accordance with subsection 63(2) of the Seafarers Act.

The Seacare Authority produces guidance material to assist employees and employers understand their rights and obligations regarding workers' compensation and rehabilitation. Copies of these information brochures and booklets are available from the employer or from the Seacare Authority website at www.seacare.gov.au.

If you wish to claim for permanent impairment and non-economic loss or compensation for dependants of deceased employees, separate forms are available from the employer, or from the Seacare Authority.

Note: If you intend to make a claim for compensation against more than one employer in relation to the same injury or illness, you must provide a notice to each employer stating the name and address of each employer.

If you consider that another employer or employers materially contributed to the injury or illness, you must provide the employer against whom this claim is being made with a notice stating the name and address of the other employer or employers.

Privacy information

Personal information on this form is collected under sections 63, 105 and 106 of the *Seafarers Rehabilitation and Compensation Act 1992* to help the employer determine your eligibility for workers' compensation and to allow the Seacare Authority to perform its functions under the Seafarers Act. If you do not provide the personal information requested in this form, it may not be possible to assess or manage your claim for compensation.

This form is used to collect information on behalf of the Seacare Authority, your employer and the insurance company. Your employer and the insurance company are subject to their own obligations under Privacy legislation. Please contact your employer or the insurance company if you require further information on how they will manage your personal information under their privacy policies.

Your privacy is important to us. The Seacare Authority will only collect, use, store or disclose your personal

information in accordance with the *Privacy Act 1988*. The Seacare Authority collects information from the employer about workers' compensation claims made under the Seafarers Act in order to maintain a database of Seacare scheme workers' compensation statistics. In addition, in some cases the Seacare Authority manages claims against the Seafarers Safety Net Fund. For these purposes, and for other purposes related to the Seacare Authority's functions under the Seafarers Act, the Seacare Authority may use or disclose your personal information to bodies and agencies including (but not limited to):

- the employer
- the employer's insurer
- an approved rehabilitation program provider
- government agencies including Centrelink, the Australian Taxation Office, the Department of Employment, Comcare and Safe Work Australia
- any external third party that the Seacare Authority contacts to carry out statutory functions
- courts and tribunals
- any other person where there is an obligation under law to do so.

We want to ensure that your personal information that is collected, used, stored or disclosed is accurate, up-to-date and complete. The Seacare Authority's Privacy Policy contains information on how you can request access to personal information held about you and how to seek correction of that information.

You may make a complaint if you consider that the Seacare Authority has interfered with your privacy or otherwise breached its obligations under the *Privacy Act 1988*. Our Privacy Policy contains more information about how to make a complaint and how we will respond.

The Seacare Authority is not likely to disclose personal information to a person who is not in Australia or an external Territory, unless the information relates to an incident, investigation, injury or illness sustained while overseas, or treatment provided by an overseas practitioner. If disclosure of personal information is made to an overseas recipient, the Seacare Authority will comply with APP 8.

The Seacare Authority's Privacy Policy is available at www.seacare.gov.au/Privacy and is administered on the Seacare Authority's behalf by Comcare. For further information about our information handling practices, for a copy of our Privacy Policy, to request an amendment of your personal information or to make a privacy complaint, please telephone 1300 366 979 or email privacy@comcare.gov.au.

What you need to do

Step 1—Fill in this form

Please use a black or blue pen to answer the questions in this form.

Answer all questions. Where you are required to make a choice, please tick the appropriate box.

If your answers do not fit in the space provided, please attach additional pages with the details.

When you have answered all the relevant questions, please read and **sign the Authorisation, declaration and acknowledgement** on page 5.

Please note: It is an offence to provide false or misleading information in relation to a claim for compensation under the Seafarers Act.

If this form is not completed in full and if all relevant medical certificates are not attached it may delay a determination of your claim.

Step 2—Collect the documents you need to provide to the employer

You will need to provide an original medical certificate(s) from a legally qualified medical practitioner (for example a general practitioner or medical specialist) to prove you have a work-related injury or illness. The certificate must show:

- a precise medical diagnosis of your condition
- the relationship between the injury or illness and your employment
- the certified period of incapacity for work, and
- any restriction or limitations required for your condition and likely duration of these restrictions (that is, alternative duties you are able to perform).

Use the checklist on page 6 of this form to make sure you have provided all the required information so your employer can assess your claim promptly.

Step 3—Lodge this form

When you have completed and signed this form and collected all the documents you need to support the claim, please make copies of all attachments for your records, including this form.

Provide the claim form and any attachments to the Master of the ship, the Master's representative, or the employer against whom you are making the compensation claim. The employer will forward a copy of the claim form and relevant attachments to the Seacare Authority.

If the employer has gone out of business or no longer operates, you should lodge the original copy of the form and the attachments with the Seafarers Safety Net Fund, keeping a copy for yourself. The Fund representative is the Seacare Authority, GPO Box 9905, Canberra ACT 2601.

If you are no longer employed, you must provide this form to the employer you worked for when you were injured or contracted the illness.

Help—Do you need help with this form?

If you need assistance to complete this form, your supervisor onboard may be able to help you. Otherwise contact your employer, or your employer's representative in your home port or your union delegate.



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(Employer use only)

Date received

Employee details

1 Your full name

Mr Mrs Ms Other

Family name

Given name(s)

2 Do you have, or have you ever had, any other name(s)?

For example: maiden name or previous married name.

No Yes ► Please give details

What name(s)?

3 Date of birth

4 Gender

Male Female

5 Permanent home address

(please give street address and not a PO Box)

State Postcode

6 Postal address

(if the same as home address write 'as above')

State Postcode

7 Contact details

Home

Work

Mobile

Email

8 Do you need another person to act on your behalf for this claim?

For example: a partner, support person or solicitor.

No Yes ► Please give details

Their name

Their daytime telephone number

Postal address

State

Postcode

Relationship

9 Do you have a preferred language other than English?

No Yes ► What language?

Do you need an interpreter?

No Yes ► Call the Translating and Interpreting Service on 13 14 50 if you require assistance completing this form

10 Name of employer at time of injury

11 Payroll number or PIN (if known)

12 Name of home port

13 Occupation at the time of the injury or illness (rank/rating)

14 Name of the ship you were employed on when the injury or illness happened

Claim details

15 For what are you claiming (tick all that apply)

Note: This question does not limit your entitlement to make further claims in relation to the injury or illness. You do not need to complete another claim form if you wish to make a claim for the below benefits in the future.

- Lost wages resulting from an incapacity for work
- Medical and related expenses
- Travel expenses attending medical examination/rehabilitation (only round trips of 50 km or more are reimbursable)
- Alterations, aids or appliances
- Household and attendant care services
- Compensation for property loss and/or damage

Duty status

16 What was your duty status when the injury or illness happened? (Tick applicable box)

- (a) **On duty** ▶ go to question 21
 - on the ship
 - on the ship and on an authorised break
 - away from the ship
 - away from the ship and on an authorised break
- (b) **Off duty** ▶ go to question 21
 - on the ship
 - away from the ship (during periods of ordinary recess)
- (c) **While travelling to or from** ▶ go to question 17
 - a ship
 - a training facility
- (d) **While attending an approved course of study** ▶ go to question 21
- (e) **Other—please specify** ▶ go to question 21

About the journey

17 Where were you travelling?

From

To

Via

18 Did you travel a route other than the direct route?

No Yes ▶ Please attach a map of the route taken

19 Was the journey interrupted?

No Yes ▶ Please attach a separate sheet stating the reason for, and the duration of, the interruptions

20 Did the police attend?

No Yes ▶ Please attach a copy of the Police Statement or provide the Police Event number or Police reference number

Injury or illness details

21 When were you injured or when did you first notice you were ill? Give approximate time if exact time is not known.

Date / /

Time am/pm

22 Did you report the injury or illness to your employer?

No Yes ▶ When did you report it?

Date / /

Time am/pm

Who did you report it to?

Name

Position

Past injuries or illnesses details

32 Have you ever suffered a similar injury or illness to the one you are claiming for?

Yes No ► Go to question 38

33 When did that injury happen or when did you notice you were ill? Give approximate date if exact date is not known.

	/		/	
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34 Please describe, in your own words, that injury

35 Name of your employer at that time

36 Did you claim compensation?

No Yes ► Were you paid compensation?
No Yes

37 Name of the doctor, medical specialist and/or hospital that treated you for the previous injury or illness

Loss of, damage to, property details

38 Are you claiming for the loss of, or damage to any property? Property is defined as 'property used by an employee restricted to an artificial limb or other artificial substitute, surgical or similar aid or an appliance, for example glasses, false teeth'.

No ► Go to the 'Authorisation, declaration and acknowledgement' on the next page

Yes ► Please attach receipts or evidence of purchase or replacement of repaired property

39 Provide details of the property that was lost or damaged

40 Please describe the events that led to the loss of, or damage to, the property

Authorisation, declaration and acknowledgement

Please read and sign this authorisation, declaration and acknowledgement.

Please note that all references to 'the employer' mean the employer against whom this claim is made.

I authorise and consent to:

- any medical practitioner, hospital, laboratory, rehabilitation provider, or other health practitioner providing details of any consultation, treatment or report in connection with this injury or illness to the employer or any relevant former employer, upon production of this authority or photocopy thereof
- provide to the employer details of wages or remuneration obtained in any employment while receiving compensation benefits in respect to this claim
- information being obtained from any relevant authority to establish my seagoing work history.

I further authorise and consent to a photocopy of this Authority and Consent as sufficient evidence of my authority and consent to discuss or provide the information requested.

I declare that:

- I elect to claim benefits under the Seafarers Act and not under an industrial award or agreement
- I will advise my employer of any intention I have to leave Australia
- I will not engage in employment that is not approved by my employer as part of a rehabilitation program while in receipt of compensation benefits under the Seafarers Act
- I will advise my employer if I receive weekly payments or a lump sum from a Superannuation Fund or the Seafarers Retirement Fund, or from any other source with respect to this injury or illness
- I am aware that where my injury has lasted, or is likely to last, 28 days or more and has resulted in an impairment or incapacity to work that I must:
 - (i) participate in an assessment of my capacity to undertake a rehabilitation program, and
 - (ii) subject to that assessment, participate in an agreed rehabilitation program.
- the information I have supplied on this form and any other attachment is true and accurate
- I am aware that the making of a false or misleading claim or false or misleading statement in support of this claim is punishable by law under the *Criminal Code Act 1995* and, in that event, I may be liable for prosecution
- I am aware that any monies paid by the employer as a result of a false or misleading statement or claim may be recovered by the employer.

I acknowledge that:

- the employer's workers' compensation insurer may exercise the authorities and rights of my employer in relation to this claim, whether those authorities or rights are conferred on my employer by this claim form or by the Seafarers Act
- it is an offence to provide false information in relation to a claim for compensation under the Seafarers Act
- I must advise my employer if I claim or receive benefits under state workers' compensation legislation, or benefits from Centrelink, such as Sickness Allowance.

I understand that the information is required for the purposes of determining and managing my compensation claim and/or assessing my suitability to undertake a rehabilitation program and/or assist Comcare and the Seacare Authority in any of their functions under the *Safety Rehabilitation and Compensation Act 1988* and the Seafarers Act, including research.

Your name

Date of birth

Your signature

Date

Checklist

Please use this Checklist as a guide to ensure that you have completed this form and included all necessary attachments before it is given to your employer.

Check that you have answered all the questions you are required to answer and have signed the Authorisation, declaration and acknowledgement.

Medical information

Have you attached an **original medical certificate(s) from a legally qualified medical practitioner?**

Additional details

If your injury or illness happened **while travelling** to or from your workplace, a training facility or other authorised location and:

- you travelled a route other than the direct route (Question 18), have you attached a **map of the route taken?**
- the journey was interrupted (Question 19), have you attached a **separate sheet stating the reason for, and the duration of, the interruptions?**
- the police attended (Question 20), have you attached a **copy of the Police Statement** or provided the Police Event number or Police Reference number?

If there were more than two witnesses to your injury (Question 30), have you attached **details of the other witness(es)?**

If you are claiming for loss/damage to property (Question 38), have you attached **receipts or evidence of purchase or replacement of repaired property?**

If you intend to make a claim for compensation against more than one employer in relation this same injury or illness, have you provided a notice to each employer stating the name and address of the other employer(s)?

If you consider that another employer or employers materially contributed to the injury or illness, have you provided the employer against whom this claim is being made with a notice stating the name and address of the other employer or employers.