



Australian Government

**Seafarers Safety, Rehabilitation
and Compensation Authority**

CLAIM FOR PERMANENT IMPAIRMENT AND NON-ECONOMIC LOSS

Seafarers Rehabilitation and Compensation Act 1992

Information about claiming permanent impairment

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 for permanent impairment and non-economic loss 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 to 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.

In order to claim for permanent impairment under the Seafarers Act, you must have an accepted condition for workers' compensation. If you have not already claimed for workers' compensation, please complete Claim for Workers' Compensation (Seacare Form 1), which is available from the employer or the Seacare Authority.

As an alternative, under section 55 of the Seafarers Act, you can elect, in writing, to commence proceedings against your employer or another employee for damages for non-economic loss resulting in your compensable condition. This election is irrevocable and, if successful, damages are limited to \$138 570.52. It is strongly recommended that you seek legal advice before making a decision to proceed with a section 55 election.

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 the 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 questions in this form.

Answer all questions. When 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 Employee statement on page 6.

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/or all relevant medical evidence is not attached it may delay a determination on your claim.

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

In accordance with question 11, you will need to attach a medical certificate or doctor's report showing:

- the diagnosis of your condition
- the relationship between the injury or illness and your employment and
- the degree of permanent impairment as assessed under the current edition of the Guide to the Assessment of Permanent Impairment (the Approved Guide).

A copy of the Approved Guide may be obtained from the Seacare Authority website at www.seacare.gov.au.

Step 3—Lodge this form

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

Provide this form and the attachments to the Master of the ship or the Master's representative, or the employer against whom you are making the claim. The employer will forward a copy of this 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. The Fund representative is the Seacare Authority, GPO Box 9905, Canberra ACT 2601.

If you are no longer working, 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.



Australian Government

Seafarers Safety, Rehabilitation and Compensation Authority

CLAIM FOR PERMANENT IMPAIRMENT AND NON-ECONOMIC LOSS

Seafarers Rehabilitation and Compensation Act 1992

(Employer use only)

Date received

____ / ____ / ____

Part 1 – Employee information

1 Claim number (if known)

2 Your full name

Mr Mrs Ms Other _____

Family name

Given name(s)

3 Residential address

State _____ Postcode _____

4 Postal address

State _____ Postcode _____

5 Contact details

Home telephone () _____

Work telephone () _____

Mobile _____

Email _____

6 Employer at time of injury

7 Home port

8 What is the nature of your injury/illness or accepted condition

9 Date of injury/illness

____ / ____ / ____

10 What part, or parts, of the body are you claiming have been permanently impaired?

11 Were these parts of the body previously affected by an injury/condition?

Yes No

If yes, give details

Attach a medical report from your treating doctor or specialist providing full details of your condition and the degree of permanent impairment as assessed under the Approved Guide.

Part 2 – Previous claims

12 Have you previously received compensation benefits or a lump sum payment for a workers' compensation injury or condition?

Yes No

13 If yes, give the name and address of the employer from whom the previous claim was made

State _____ Postcode _____
Telephone () _____

14 Type of condition claimed for and level of impairment (attach details on separate page if there is insufficient space)

Part 3—Employment

15 Name and address of previous employers and nature of duties with each employer (attach details on separate page if there is insufficient space)

Employer 2

Period / to /

Duties

Employer 3

Period / to /

Duties

Employer 4

Period / to /

Duties

Employer 5

Period / to /

Duties

Part 4—Non-economic loss questionnaire

You need to ensure all sections of the form are completed.

Please indicate the score you consider is appropriate and use the space provided to make comments which support your answers. It is suggested that you provide comments to assist the employer to assess your claim.

If there is not enough room on the form for your comment please attach a separate, signed statement.

If you have more than one accepted condition (injury) and are claiming for permanent impairment for each condition (injury), then you must complete a separate Non-economic loss questionnaire for each condition.

Please note that information that you provide must be supported by your treating doctor or medical specialist.

SECTION 1: PAIN AND SUFFERING

This section has two parts:

- The first part on pain concerns the frequency and intensity of physical pain that you suffer due to your condition.
- The second part on suffering concerns the mental distress that you may experience including emotional symptoms such as grief, frustration, fear, anguish, humiliation and embarrassment.

Part 1: Pain

Please note that:

- only ongoing pain of a continuing or episodic nature is considered
- you cannot use the table below to indicate temporary pain or speculation of future pain.

Indicate in the table which one of the following best describes the pain you suffer from:

- No pain experienced (score 0).
- Intermittent attacks of pain of nuisance value only. Can be ignored when activity commences (score 1).
- Intermittent attacks of pain. Not easily tolerated, but short-lived. The pain responds fairly readily to treatment such as analgesics and anti-inflammatory medications (score 2).
- Episodes of pain more persistent. Not easily tolerated. Treatment, if available, is of limited benefit (score 3).
- Pain occurring most of the time. Restrictions on activity. Resistant to treatment (score 4).
- Pain continuous and severe. Preventing activity. Uncontrolled by medication (score 5).

Table 1.1

Employee's score	
Employee's comments	

Part 2: Suffering

Please note that:

- only ongoing suffering of a continuing or episodic nature is considered
- you cannot use the table below to indicate temporary suffering or speculation about future suffering.

Indicate in the table which one of the following best describes the pain you suffer from:

- No symptoms of mental distress experienced (score 0).
- Symptoms of mental distress minimal or ill defined. Symptoms occur intermittently. No interference with activity (score 1).
- Distinct symptoms of mental distress which are episodic in nature. Activities reduced during such episodes. Recovers quickly after episodes (score 2).
- Symptoms of mental distress are distinct and varied. Episodes of mental distress occur regularly. Ability to cope or perform activity effectively reduced during episodes. Needs time to recover between episodes. Treatment such as anti-depressants, counselling and other supportive therapies help to control or relieve symptoms (score 3).
- Symptoms of mental distress are wide ranging and tend to dominate thinking. Rarely free of symptoms of mental distress. Difficulty coping or performing activity. Treatment necessary to either control or relieve symptoms (score 4).
- Symptoms of mental distress arising from accepted condition predominate over thinking. Activities severely restricted. Treatment of no real benefit in controlling or relieving symptoms (score 5).

Table 1.2

Employee's score	
Employee's comments	

SECTION 2: LOSS OF AMENITIES

Loss of amenities can also be described as loss of enjoyment of life.

This section has three parts:

- The first part on mobility concerns your ability to move around in your environment including your home and work.
- The second part on social relationships concerns your ability to engage in your social and personal relationships.
- The third part on recreation and leisure activities concerns your ability to maintain your usual recreation and leisure pursuits including walking, driving, being a passenger, and using public transport.

Part 1: Mobility

Indicate in the table which one of the following best describes the effect your condition has on your ability to get around:

- No or minimal restrictions on mobility (score 0).
- Periodic effects on mobility—no restrictions in between episodes (score 1).
- Ongoing, mild restrictions on mobility (for example, walks at a slower pace or needs a walking stick) (score 1).
- Mobility reduced, but remains independent of others both within and outside the home. Can travel but may need to have breaks, special seating, for example (score 2).
- Mobility markedly reduced. Needs some assistance from others. Unable to use most forms of transport (score 3).
- Restricted to home and vicinity. Can only travel outside home with door-to-door transport and the assistance of others (score 4).
- Severely restricted mobility (for example, bed, chair, room). Dependent on others for assistance. Mechanical devices or appliances used for mobility within the home (for example, wheelchair, hoist) (score 5).

Table 2.1

Employee's score	
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Employee's comments

Part 2: Social relationships

Indicate in the table which one of the following best describes the effect your condition has had on your personal or social life.

- Usual relationships unaffected (score 0).
- Minor interference with personal relationships, causing some reduction in social activities and contacts (score 1).
- Relationships confined to immediate and extended family and close friends, but unable to relate to casual acquaintances (score 2).
- Difficulty in maintaining relationships with close friends and the extended family (score 3).
- Social contacts confined to immediate family (score 4).
- Difficulties relating socially to anyone (score 5).

Table 2.2

Employee's score	
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Employee's comments

Part 3: Recreational and leisure activities

Indicate in the table below which one of the following best describes the effect your condition has on your usual participation in recreational and leisure activities.

- Able to follow usual recreation and leisure activities (score 0).
- Intermittent interference with activities. In between episodes able to pursue usual activities (score 1).
- Interference to activities reduces frequency of activity, but is able to continue. Is able to enjoy alternatives (score 2).
- Unable to continue with pre-injury level of activity. Alternative, less rewarding activity possible (score 3).
- Range of pre-injury activities greatly reduced. Needs some assistance to participate in pre-injury recreation and leisure activities (score 4).
- Unable to undertake any satisfying or rewarding activities (score 5).

Table 2.3

Employee's score	
Employee's comments	

SECTION 3: OTHER LOSS

This section is for any other non-economic loss suffered as a result of your condition. This does not include factors covered earlier.

Indicate in the table which one of the following best describes your situation.

- Nil or minimal disadvantages (score 0).
- Moderate disadvantages. For example, dependence upon a specialised diet, experiences detrimental effects associated with climatic features such as temperature, humidity, ultra-violet rays, light, noise, dust (score 1).
- Marked disadvantages. For example, need to move to specially modified premises (score 2).
- Severe disadvantages. For example, dependence upon external life saving or supporting machines including aspirator, respirator, dialysis machine, or any form of electro-mechanical device for the sustenance or extension of activities (score 3).

Table 3.1

Employee's score	
Employee's comments	

Part 5—Employee statement

1 I authorise and acknowledge that

- I elect to claim benefits under the *Seafarers Rehabilitation and Compensation Act 1992*
- I elect not to claim benefits under an industrial award or agreement
- I must advise the employer if I receive benefits under any State legislation

2 I declare that:

- 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 to me as a result of a false or misleading statement or claim may be recovered by the employer.

Name

Signature

Date

If this form is completed on behalf of the claimant, the following information is required:

Name of agent

Telephone

Postal address

State Postcode

Signature of **agent**

Date

Relationship