

NOTIFICATION OF INJURY FORM

This form is to be completed when a volunteer suffers an injury or illness where compensation is or may be payable under the Workers Compensation (Bush Fire and Emergency Rescue Services) Act 1987. This form must be submitted within 48 hours upon notification of intent to claim.

Procedure

In order to process a workers compensation claim quickly, attention should be given to the following:

- The injured club member should immediately notify their supervisor in the event of any injury or illness. It is vital that this injury/illness is entered into the logbook and then into the Incident Reporting Database (IRD) by a nominated club authority.
- 2. Complete this **Notification of Injury Form** (if claiming workers compensation benefits) and **send it to WorkCover** NSW by Fax on 02 9287 4828 or by email: wca.claims@workcover.nsw.gov.au.
- 3. If your injury has or will result in you being away from your paid employment for 7 days or greater, you will need to contact WorkCover immediately (1800 221 960) to advise of your injury;
- 4. If required by WorkCover NSW, the **injured club member** (or guardian if under 18) is to complete the Workers Compensation Claim Form.

Scope of Cover

Scope of cover is compensation payable as described in the Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987 for surf lifesaving members who had been undertaking authorised activities in their capacity as a Surf Lifesaver for Surf Life Saving New South Wales. Surf lifesaving activities may need to be verified by proof of entry to competition, patrol roster, volunteer roster, patrol log book, IRB log book, radio log book etc. Training and competition can only be at authorised and organised sessions. Members who compete in elite events where prize money is paid or professional sportspersons or competitors, who compete in events not duly authorised under arrangements approved by Surf Life Saving New South Wales may not be covered.

WorkCover may require the claimant to attend a medical examination by a doctor nominated by WorkCover NSW. Dependent on claim complexity, additional information may be sought by WorkCover NSW.

Approval for any medical treatment is to be obtained from WorkCover NSW prior to the commencement of treatment, unless the treatment has been provided in the case of an emergency.

Who was injured?

Title:	Mr 🗆 Mrs 🗆 Ms	🗆 Miss 🗆		Male		Female 🛛			
Surna	ame:		Date o	_ Date of Birth:					
			Phone:						
Details of Injury When did your injury occur? Date: Time: What part(s) of your body were affected from your injury/condition (i.e. left/right broken wrist)?									
Туре	of accident								
	Sprain/Strain		Dental		Fractu	re/Disloca	ation		
	Broken bone		Spinal Injury		Lacera	ation			
	Other, please spe	cify							
Notific	cation of Injury Form	v3 2013							

	caused the inju	ury?							
	IRB		Surf Ski		Surf Board			Surf	Boat
	Patrol duties		Competing		Training			Resc	ue
	Other, please	specify							
Meml	oership Details								
Club s	status (i.e. memb	ber, Club	o Captain, Patro	I Captair	ו):				
Name	of Club/Branch	:							
Medio	al Treatment								
Did yo	ou receive any m	nedical tr	reatment?				Yes		No
Are vo	ou currently havi	ina medi	cal treatment for	r this iniu	urv/illness?		Yes		No
lf yes,	please provide	details o	of the doctor and	l/or hosp	oital you obtained/i			tment f	
Docto	r/Hospital:								
٩ddre	SS:								
Phone	e:		Med	ical Cert	ificate attached?		Yes		No
Time	Lost								
	• •	-			a result of this inju	•			No
f yes,	what is your oc	cupation	ı?						
	ration								
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 This form is to be sent directly to WorkCover NSW, Locked Bag 2906, Lisarow, NSW, 2252 or Fax 02 9287 4828, or email to wca.claims@workcover.nsw.gov.au