

3 INJURY DETAILS

Description of incident (eg. slipped from a ladder while painting the ceiling)

Description of injury (eg. concussion and broken right arm)

Date of injury

D	D	/	M	M	/	Y	Y
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***Average weekly earnings**

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***Weekly award / EBA / Award rate**

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Has the injured worker returned to work?

Yes No Don't know

***Average Hours**

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If Yes, state date returned

D	D	/	M	M	/	Y	Y
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If No, estimate date of return

D	D	/	M	M	/	Y	Y
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4 EMPLOYMENT DETAILS

***Current capacity for work** ***Unfit** ***Suitable Duties, full hours** ***Suitable Duties, reduced hours** ***Pre injury Duties**
Tick applicable box

5 TREATING DOCTOR'S DETAILS

Doctor's name	Hospital name (if worker hospitalised)	Phone
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6 NOTIFIER'S DETAILS

Name	Relationship to worker or employer

Address
Street

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Suburb	Postcode
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Phone	Mobile	Home
Work		
()		()

*This information will assist us to better manage you service needs