

# Workers' Compensation

## Employer's Report of Injury

To be completed by the appointed employer representative and returned to Catholic Church Insurance Limited (CCI) with the completed Workers' Compensation Claim Form and first medical certificate within **5 full working days** of receipt from injured person. Failure by the employer to submit the paperwork to CCI within the legislated time frame may expose the employer to a penalty imposed by WorkCover WA.

**Note: All sections must be completed and all questions answered**

### Employer Details

Employer name

Phone

Address



Postcode

Policy No.

Due Date

 /  /    

Account No.

### Injured Worker's Details

Surname

First name

Address



Postcode

Occupation



Married

Single

Date of Birth

 /  /    

Phone

## Employment Details

How is the worker employed?

1. Directly       3. Contractor       5. Sub-contractor   
 2. Working Director       4. Employee of contractor       6. Other   
 Full time     Part time     Permanent     Temporary     Casual     Visa Worker

Date worker first employed  /  /       Type of Visa

Number of hours worked each day:       Number of days worked each week:

If part-time employee, days rostered    Su    M    Tu    W    Th    Fr    Sa

Number of hours per day                           

Does the worker have another job?     YES     NO

If YES, name of other employer

## Incident Details

Date of Occurrence     /  /       Time  am/pm

Date of Ceased Work     /  /       Time  am/pm

Date Returned To Work     /  /       Time  am/pm

Date First Medical Certificate received by Employer     /  /

Date Claim Form received from Worker     /  /

Where did the Incident take place?

Was the injured person:

- ◆ working at their usual workplace  YES  NO
- ◆ working at a different workplace  YES  NO
- ◆ in a road accident  YES  NO
- ◆ travelling between home and work  YES  NO
- ◆ on a work break, and:
  - at their usual workplace  YES  NO
  - not at their usual workplace  YES  NO
  - doing something else?  YES  NO

Please describe

What actually happened and what caused the Incident?

What object/machine/substance was involved?

Describe the injury caused by the Incident

Were there any Witnesses to the Incident?

YES  NO

If yes, name and contact details of witness

  

Describe the bodily location of the injury

  

When was the Incident first reported?

Date   /   /    Time

am/pm

To whom was it reported?

Did the injured person continue to work after the Incident?

YES  NO

Length of time injured person worked on day of Incident

Hours

Minutes

Has the injured person resumed duty?

YES  NO

If, YES, date resumed

/   /

## Recovery

Was the accident caused by the actions of any Other Person, not employed by you

YES  NO

If, YES, Name and Address of Other Person

  

If injury was caused by a motor vehicle accident

Injured Person's Vehicle

Registration Number

Name and Address of Other Person

  

Other Person's Vehicle

Registration Number

Names and Addresses of all witnesses to the accident

## Weekly Compensation Rates

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(to be completed regardless of type of claim)

Name of the Industrial Award/Agreement used to calculate weekly earnings:

Is the worker a member of a Union?

YES  NO

If YES, please name the Union

## Definitions

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- i. **Weekly earnings** are defined in Schedule 1 of (“the Workers’ Compensation and Injury Management Act 1981”). For the purposes of subclause 11 (2) of Schedule 1, “Amount C”, the maximum amount payable to a worker *per week*, is obtained by multiplying the average of the amounts that the Australian Statistician published as the *all employees average weekly total earnings in Western Australia* by 2. This figure is indexed annually. (Please contact our office for the current rate).
- ii. **Bonus or Allowance** means any bonus or incentive, shift allowance, weekend or public holiday penalty allowance, district allowance, industry allowance, meal allowance, living allowance, clothing allowance, travelling allowance or other allowance.
- iii. **Earnings** includes wages, salary and other remuneration.
- iv. **Overtime** means any payment for the hours in excess of the number of ordinary hours which constitutes a week’s work.

## Award Workers

**For the first 13 weeks of the claim**, the worker's weekly rate of compensation is calculated using the rate of weekly earnings payable under the relevant industrial award, EBA or Enterprise Order, **plus** any over award or service payment paid on a regular basis **plus** the average amount paid over a thirteen week period before the time of incapacity of overtime, bonuses or allowances.

**From the 14th week onwards** the worker's weekly rate of compensation is calculated using the rate of weekly earnings payable under the relevant industrial award, EBA or Enterprise Order, **plus** any over award or service payment paid on a regular basis, **plus** any allowance paid on a regular basis and related to the number or pattern of hours worked **plus** any other allowance prescribed by the regulations **but excluding other overtime, bonuses and allowances**

Amount paid as 'BASE SALARY' in accordance with the "Contract of employment", Award or EBA	\$
Amount paid as 'OVER AWARD/SERVICE PAYMENT' in accordance with the "Contract of employment", Award or EBA	\$
Total amount paid as 'OVERTIME' in the 13 weeks immediately before the incapacity	\$
Total amount paid as 'ALLOWANCES/BONUSES' in the 13 weeks immediately before the incapacity	\$
<b>Total</b>	<b>\$</b>

In the 13 week period prior to the commencement of incapacity, were there any periods where the worker did not work for any reason? If so, please state the number of days/weeks not worked in the thirteen week period that were part of the worker's normal roster.

No. of weeks	No. of days
<input type="text"/>	<input type="text"/>

## Non Award Workers

**For the first 13 weeks of the claim**, the worker's weekly rate of compensation is calculated using an average of weekly earnings (including overtime, bonuses or allowances) paid over one year before the injury occurred. If the worker has been employed for less than one year, the earnings are averaged over the period they were employed.

**From the 14th week onwards** the worker's weekly rate of compensation will "step down" to 85% of the entitlement of the first 13 weeks.

Total amount paid as 'SALARY' in the 52 weeks immediately before the incapacity (SALARY includes all overtime payments, allowances and bonuses)	\$
State the number of weeks of employment if less than 52 weeks	No. of weeks
<input type="text"/>	<input type="text"/>

