



NEW SOUTH  
WALES

## WORKERS COMPENSATION CLAIM FORM

**icare**<sup>TM</sup>

This form is to be completed if you are a surf lifesaving volunteer and want to claim workers compensation for an injury or illness under the Workers Compensation (Bush Fire and Emergency Rescue Services) Act 1987.

### Procedure

In order to proceed with the assessment of a workers compensation claim, **Surf Life Saving NSW (SLSNSW)** and **icare Claims Support Services** require the following steps to be completed:

1. The injured surf lifesaving member immediately notifies the supervisor/official on duty of an injury or illness in order to obtain first aid if required and to register the injury. In order for **icare** to promptly claim, it is essential that this injury/illness is **recorded correctly on the SLSA Incident Reporting Log** and then into the **Incident Reporting Database (IRD)** by the nominated club authority.
2. Complete this **Workers Compensation Claim Form** (within 48 hours) and send it to **icare Claims Support Services** by fax on **1300 013 332** or via email: [wiclaims@icare.nsw.gov.au](mailto:wiclaims@icare.nsw.gov.au). Assistance in this process can be provided by the Club Safety Officer (if required) however the form must be **endorsed by an authorised club official**. All sections of this form must be completed by all parties concerned. If answers do not fit in the space provided, please attach additional pages.
3. If the injury has or will result in being away from paid employment for seven days or greater, **icare Claims Support Services** must be contacted immediately on 1800 221 960.
4. Provide any documents required to assess the claim (see below);
5. A copy of this form is **not** required to be sent to SLSNSW however please retain a copy for your records.

***Approval for any medical treatment should be obtained from icare Claims Support Services prior to the commencement of treatment, unless it has been provided in the case of an emergency.***

### Documentation Required

If you are, or there is a possibility that you will be claiming weekly compensation benefits because of loss of wages, you will need to:

- Provide a **SIRA Certificate of Capacity** for your injury that states the dates you are not able to work in paid employment and that your volunteer duties caused your incapacity for work. All certificates must state a precise medical diagnosis. Note: The worker declaration does not need to be completed by SLS members.
- Your employer will need to complete a **Statement of Earnings** form.
- For **icare Claims Support Services** to assess a fair and reasonable weekly entitlement for self-employed volunteers, an **Employment (Tax) Declaration** as well as a **SIRA Certificate of Capacity** must be provided. Please refer to icare's policy "Weekly Compensation for Self Employed Volunteers" which can be downloaded from the SLSNSW website.
- If you are claiming compensation for the cost of ambulance/medical/hospital and rehabilitation costs, only you will need to attach your tax invoices and receipts for these services.

### Scope of Cover

Scope of cover is described in the Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987 and the Workers Compensation (Bush Fire, Emergency and Rescue Services) Regulation 2012. Compensation for injuries may be payable for surf lifesaving members who undertake authorised and approved activities within Australia in their capacity as a Surf Lifesaver. Surf lifesaving activities may need to be verified by proof of entry to competition, patrol roster, volunteer roster, patrol logbook, IRB logbook, radio log book etc.

Training and competition can only be at SLS authorised and organised sessions. Members who compete in 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 NSW, may not be covered.

The claimant may be required to attend a medical examination by a doctor nominated by **icare Claims Support Services**. **icare Claims Support Services** may seek additional medical information for your claim.

If you need assistance in completing this process, please contact Surf Life Saving NSW **9471 8018**.

## Section 1

### What is your full name?

Title:	Surname:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Given names:	Date of Birth:
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### Where do you live?

Street No. and Name:
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Suburb:	State:	Post Code:
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Postal Address (if different from above):
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### How do we contact you?

Telephone	Home:	Mobile:	Work:
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Email Address:
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Do you require an interpreter?	If yes, what language?
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### Surf Life Saving Membership Details

Club Name:
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Club Position (i.e. Patrol Member, Nipper, Club Captain):
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### About your Injury

When did your injury occur?	Date (dd/mm/yyyy):	Time (am/pm):
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### Were you injured?

- During the course of participating in your volunteer duties
- On a break while volunteering
- Other, please give details:

What is the address where you were injured?
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IRD Number: /
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### What Caused the Injury?

#### IRB (Inflatable Rescue Boat). When the injury occurred were you:

- On your club patrol     Training     Competing
- Providing water safety at a SLS Club/Branch/State Event
- Providing water safety at a non SLS run Event

Event name:
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#### Surf Boat. When the injury occurred were you:

- Training     Competing

#### Other Surf Lifesaving activity. When the injury occurred were you:

- On your club patrol     Competing     Training     Fundraising     Other

If other, please specify:

**Type of injury**

- Sprain/Strain       Dental       Fracture/Dislocation       Broken Bone  
 Spinal Injury       Laceration

Other, please specify:

Have you taken time off from your paid employment?  No       Yes

If yes, when did you stop working?      Date (dd/mm/yyyy):      Time (am/pm):

If yes, when did you return to work?      Date (dd/mm/yyyy):      Time (am/pm):

What part(s) of your body have been affected from your injury/condition (i.e. left/right broken wrist)?

What happened to cause your injury/condition?

**Where and when did you first seek medical treatment for this injury/condition?**

Date (dd/mm/yyyy):      Time (am/pm):

Name of doctor, medical practice or hospital:

Address:

Telephone number:      Certificate of Capacity attached:  Yes       No

**Have you been referred to a specialist or require any diagnostic tests for your injury/condition?**

Yes       No      If yes, please provide details:

Name of specialist:

Telephone:      Nature of referral:

*If you have been referred to more than one specialist, please attach details (x-rays etc.)*

**Have you undertaken any of the following treatments for your injury/condition?**

- Hospital treatment       Physiotherapy       Counselling       Pharmaceutical       Chiropractor

Other      Please give details:

Have you ever had similar symptoms, injury/condition, same body parts affected?  Yes       No

If yes, please provide details:
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Have you ever had a previous workers compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide details:	Year claimed:	Claim number:
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Injury/condition:
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Name of insurer:
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Name of employer/volunteer association:
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**Volunteer Declaration:**

I understand that if this claim results in me receiving weekly compensation payments, I am required to notify **icare** if I commence employment with some other person or in my own business, or if any change in my employment that affects my earnings, and that failure to do so is an offence. I consent to **icare Claims Support Services** using the information collected in connection with my claim for the purposes of research about workers compensation, workplace injury management and workplace health and safety.

I confirm that the activities I was engaged in at the time of this injury were volunteer activities for Surf Life Saving NSW. This activity was undertaken with the consent of or under the authority and supervision of a person authorised by Surf Life Saving NSW to give that consent and/or supervision. My services were given without remuneration or reward, voluntarily and without obligation.

I have read and agree to this declaration

Signature:
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Date:
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**In circumstances where the injured member is unable to complete this form:**

<b>Name of person completing this form:</b>
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<b>Club Position:</b>
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<b>Contact Numbers:</b>
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**Section 2 Witness Details**

Witness Name:
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Witness Signature:
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Witness Contact Number:	Witness Mobile:
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**Section 3 SLSC Committee Member to endorse (e.g. President, Club Captain)**

Club Name:
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Club Official/Committee Member Name:
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Club Position:	Date and Time of Injury:
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Injured Member's Name:
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Describe the type of injury the member sustained:

Describe what activities the member was involved in when the injury occurred:

### Declaration

I have read the information provided on this form and any attachments. I declare that the information that I have supplied in this form and any attachments to this form, is true and correct and that no information has been suppressed or omitted from this report to the best of my knowledge. I understand that the making of a false or misleading statement concerning a claim is punishable by law and that I may be prosecuted.

I confirm that the activities the claimant was engaged in at the time of the injury were volunteer activities for Surf Life Saving NSW and these activities were undertaken with the consent of or under the authority and supervision of a person authorised by Surf Life Saving NSW to give that consent and/or supervision. The volunteer's services were given without remuneration or reward, voluntarily and without obligation.

I have read and agree to this declaration

Signature:

Date:

Mobile/Contact Number:

This Authority must be signed by the injured volunteer or by a person who is representing the volunteer's interests. I authorise icare™ to collect, use and disclose my personal and health information relevant to my injury, treatment, rehabilitation and return to work (if applicable) for the management of my workers compensation claim. I consent to icare™, Surf Life Saving NSW, my treating medical practitioner, other relevant allied health practitioners, my employer (if applicable) sharing and disclosing my personal and health information for the purpose of the management and review of my workers compensation claim and my treatment, rehabilitation, return to work (if applicable) and my return to volunteer duties with Surf Life Saving NSW.

I understand that my information may be used for the purposes described in this section of this form.

Name of claimant (please print)

Signature of claimant or representative

Date:

**The Surf Life Saving Official certifies that the claimant is a current financial member of Surf Life Saving NSW, and that the subject of this claim is an injury related to an approved surf lifesaving activity conducted as a surf lifesaver within the meaning of Part 2 Division 1 of the Workers Compensation ( Bush Fire, Emergency and Rescue Services) Act 1987**

- If you need assistance in completing this process contact the Surf Life Saving NSW's HR Manager on 9471 8018.
- A copy of this form is **not** required to be sent to Surf Life Saving NSW however please retain a copy for your records.
- Send form directly to icare Claims Support Services 1300 013 332, or email to [wiclaims@icare.nsw.gov.au](mailto:wiclaims@icare.nsw.gov.au)