



Claim or notification number, if known

16 empty boxes for claim number

Policy number, if known

16 empty boxes for policy number

Agent for the NSW WorkCover Scheme

WORKERS COMPENSATION ACT 1987

INITIAL NOTIFICATION OF INJURY

This form is to be used when a worker suffers a workplace injury or illness where workers compensation is or may be payable. Notify your Agent within 48 hours. Notify injuries without delay, even if all the information is not known.

Please complete this form in BLOCK letters and use a black pen.

Please complete and fax to: Sydney Centre: 1300 666 406 Wollongong Centre: (02) 4226 5937 Tamworth Centre: (02) 6767 2381 Newcastle Centre: (02) 4907 5299

1 WORKER'S DETAILS

Family name

Family name input field

Given names

Given names input field

Date of birth

Date of birth input boxes (DD/MM/YY)

Sex

Sex input boxes (Male/Female)

Residential address

Street

Street address input field

Suburb

Suburb input field

Postcode

Postcode input boxes

Phone

Work

Mobile

Home

Phone input fields for Work, Mobile, and Home

2 EMPLOYER'S DETAILS

Company name

Company name input field

Location of business premises

Street

Street address input field

Suburb

Suburb input field

Postcode

Postcode input boxes

Name of workplace contact, if known (eg. name of return to work coordinator)

Phone

Name of workplace contact and phone input fields

### 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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**Has the injured worker returned to work?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
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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 TREATING DOCTOR'S DETAILS

**Doctor's name**

**Hospital name** (if worker hospitalised)

**Phone**

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### 5 NOTIFIER'S DETAILS

**Name**

**Relationship to worker or employer**

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**Address**

**Street**

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**Suburb**

**Postcode**

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Phone**

**Work**

**Mobile**

**Home**

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