



icare Workers Compensation Claim Form

NEW SOUTH WALES

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, Emergency and Rescue Services) Act 1987.

Please also refer to the SLSNSW Workers Compensation Claim Procedure.

If you need assistance in completing this process, please contact the Surf Life Saving NSW (SLSNSW) Membership Team on 9471 8000.

A copy of this form is not required to be sent to SLSNSW however please retain a copy for your records.

Send form directly to icare Claims Support Services via email to cssnewclaims@icare.nsw.gov.au or Fax 1300 013 332. Please ensure that you attach all documentation to support your claim.

SECTIONS 1, 2, 3 and 4 to be completed by MEMBER OR THEIR REPRESENTATIVE

SECTION 5 to be completed by SLS OFFICIAL AS APPROVED BY SLSNSW

SECTION 1 – YOUR DETAILS

What is your full name?

| | | | |
|--------------|----------|----------------|------|
| Title: | Surname: | Female | Male |
| Given Names: | | Date of Birth: | |

Where do you live?

| | | |
|---|--------|------------|
| Street No. and Name: | | |
| Suburb: | State: | Post Code: |
| Postal Address (if different from above): | | |

How do we contact you?

| | | | |
|--------------------------------|---------|------------------------|-------|
| Telephone | Mobile: | Home: | Work: |
| Email Address: | | | |
| Do you require an interpreter? | | If yes, what language? | |

Surf Life Saving Membership Details

| |
|--|
| Club Name: |
| Club Position (i.e., Patrol Member, Nipper, Club Captain): |

SECTION 2 – YOUR INJURY

About your Injury

When did your injury occur?

Date (dd/mm/yyyy):

Time (am/pm):

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?

IRD Number (from Surfguard):

What activity were you involved in when the injury occurred?

IRB (Inflatable Rescue Boat).

On your club patrol

Training

Competing

Providing water safety at a SLS Club/Branch/State Event

Providing water safety at a non SLS Club/Branch/State Event

Event Name:

Surf Boat.

Training

Competing

Other Surf Lifesaving activity.

On your club patrol

Competition

Training

Fundraising

Other

If competition or other, please specify the event:

Type of injury

Sprain/Strain

Dental

Fracture

Broken Bone

Spinal Injury

Laceration

Dislocation

Death

Other, please specify:

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

On what side did the injury occur?

Left

Right

Not Applicable

What happened to cause your injury/condition?

Have you taken time off from paid employment?

No

Yes

Unknown

Witness Details

Witness Name:

Witness Signature:

Date:

Witness Contact Number:

Witness Email:

SECTION 3 – MEDICAL TREATMENT

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

| | |
|---|--|
| Date (dd/mm/yyyy): | Time: |
| 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 of specialist and any medical documentation you have (x-rays, reports, discharge, referrals, invoices, receipts 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: | | |

| | | |
|--|---------------|---------------|
| Have you ever had a previous workers compensation claim? | Yes | No |
| If yes, please provide details: | Year Claimed: | Claim Number: |
| Injury/Condition: | | |
| Name of Insurer: | | |
| Name of employer/volunteer association: | | |

SECTION 4 – VOLUNTEER DECLARATION

This Authority must be signed by the injured volunteer or by a person who is representing the volunteer's interests.

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 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 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™**, the State Insurance Regulatory Authority (SIRA), Surf Life Saving NSW, my treating medical practitioner, other relevant allied health practitioners, and 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 acknowledge that:

- **icare™** will only collect, use or disclose personal and health information about me for the purposes of processing, assessing or managing my workers compensation claim
- collection of this information may be required by NSW workers compensation legislation
- if I do not provide any part or all the necessary information, my claim may not be accepted or processed
- **icare™** will allow me to access my information, unless providing access would be unlawful or pose a serious threat to my or another person's life or health
- I am able to request the correction of any errors in the personal or health information held
- if I elect to withdraw or modify my consent, my workers compensation entitlements may be affected
- my authority has effect for the duration of this claim

Name of claimant (please print):

Signature of claimant or representative:

Date:

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

Name of representative (please print):

Club position or relationship to member:

Contact number:

Email:

SECTION 5 – SLS CLUB OFFICIAL TO COMPLETE

Official must be a SLSC Committee Member (President, Secretary, Club Captain, Coach, Training Officer), or Patrol Captain

| | |
|--------------------------------------|-----------------------|
| Club Name: | |
| Club Official/Committee Member Name: | |
| Official Phone Number: | Email: |
| Club Position: | Date of Notification: |

Incident Details

| | |
|---|--------------------------|
| Injured Members Name: | Date and Time of Injury: |
| Describe the type of injury the member sustained: | |
| Describe what activities the member was involved in when the injury occurred: | |

SLSC OFFICIAL 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.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

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Privacy: How icare collect, use and disclose your personal and health information

In processing your claim, Insurance & Care NSW (“icare”) and any agent acting on behalf of icare in relation to your claim may collect personal and health information about you.

icare is a statutory body established under the State Insurance and Care Governance Act 2015. icare provides services to the NSW Self Insurance Corporation which is responsible for your claim under the Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987.

Personal and health information is collected about you on your claim form and may also be collected during the processing, assessing and management of your claim. It may be collected from your volunteer agency, other government agencies, health service providers and other persons who can provide information relevant to your claim.

Personal and health information about you may also be collected by solicitors, private investigators, loss adjusters and other service providers acting on behalf of icare.

Personal and health information collected about you is used for the purpose of processing, assessing and managing your claim and to verify any evidence you may submit in support of your claim. The information may also be used for one or more of the purposes listed in NSW workers compensation legislation, for the purposes of legal proceedings arising under that legislation, to assist with your rehabilitation and to assist icare better manage claims generally.

For the purposes of processing, assessing, managing and reviewing your claim, icare may disclose personal and health information about you to the following types of organisations:

- employees, contractors and agents of icare
- your volunteer agency
- solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of icare in relation to the claim
- the State Insurance Regulatory Authority; and,
- any other person, organisation or government agency authorised by you, or by law, to obtain the information.

Collection of this information may be required by NSW workers compensation legislation. If you do not provide any part or all of this information, your claim may not be accepted or processed.

icare’s policies for managing personal and health information are set out in our Privacy Management Plan on our website: www.icare.nsw.gov.au/privacy.

You may request access to personal or health information held about you by icare at any time. Please contact your case manager if you wish to access your information. If you have concerns about icare using or sharing your personal or health information, please contact icare to discuss the issue using the following methods:

Phone Number: 1800 221 960
Fax: 1300 013 332
Email: wiclaims@icare.nsw.gov.au
Postal: icare Claims Support Services,
Locked Bag 2906, LISAROW NSW 2252

To request access or correction to your personal or health information, to make a privacy related complaint or for more information about our privacy obligations, email: privacy@icare.nsw.gov.au or write to the Privacy Officer at GPO Box 4052, Sydney NSW 2001.