|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Injured Worker’s Details** | | | | | |
| Injured Person: |  | | | | |
| Employed By: |  | | | | |
| Claim Number *(if known)* |  | | | | |
| 1. **Details of Witness Making This Statement** | | | | | |
| Name of Witness: |  | | | | |
| Residential Address: |  | | | | |
|  | | Suburb: |  | |
| State: |  | Postcode: |  | |
| Phone: | Home: |  | Mobile |  | |
| Current Employer: |  | | | | |
| Employer’s Address: |  | | | | |
|  | | Suburb: | |  |
| State: |  | Postcode: | |  |
| Name of your Manager / Supervisor: |  | | | | |
| 1. **Incident Details** | | | | | |
| When did it happen?  (day of week) | , Date:      /     / | | Time: | |  |
| Where did it happen?  *(address & location)* |  | | | | |
| How did it happen?  *(full description of events leading to the incident and actually occurring at time of the incident)* |  | | | | |
| What was the injured person doing at the time of the incident? |  | | | | |
| What did you notice about the injured person?  *(such as bleeding, limping vomiting etc.)* |  | | | | |
| What complaints did the injured person make?  *(such as pain etc.)* |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Did the injured person continue to work?  *(if yes, for how long and in what manner?)* |  | | | | |
| Did you actually see the incident? | Yes | No | Where there any other persons present at the time? | Yes | No |
| If yes, name of other persons present: |  | | | | |
| How did the injured person say the incident happened: |  | | | | |

**Please complete and sign the relevant Declaration on the following page and return the form to Hotel Employers Mutual:**

**🖃:** GPO Box 4143, SYDNEY NSW 2001

**🖂:** [info@hotelemployersmutual.com.au](mailto:info@hotelemployersmutual.com.au)

**:** 02 8351 9495

**Declaration A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I declare that the foregoing is correct | | | Signature of witness: | |  | |
| Employed by: |  | | | | | |
| I declare that the person making this statement is known to me and signed in my presence. | | | | | | |
| Declared at: |  | | | | | |
| the |  | day of | |  | 20 |  |
| Before me Justice of the Peace | |  | | | | |
| (Print Name) | |  | | | | |

**Declaration B**

***This declaration is to be completed where the witness does not understand written English***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. *Declaration of Witness* | | | | | | | | | | | | | |
| I have had the questions on this form and my answers to those questions, together with this | | | | | | | | | | | | | |
| declaration read and explained to me in my native language which is | | | | | | | | | | | |  | |
| by | | {name of interpreter} | | | | | |  | | | | | |
| and I confirm that my answers as interpreted to me are correct and that I understand the meaning | | | | | | | | | | | | | |
| of the declarations made by me. | | | | | | | | | | | | | |
| Signature of witness: | | | | | | | |  | | | | | |
| 1. *Declaration of Interpreter* | | | | | | | | | | | | | |
| I |  | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | |
| Occupation | | | |  | | | | | | | | | |
| certify that I have translated the questions on this form and the declarations on this form to | | | | | | | | | | | | | |
| {witness name} | | | | |  | | | | | | | | |
| from the English language into the | | | | | | | | |  | | language and the | |  |
| language into the English language to the best of my skill and ability. | | | | | | | | | | | | | |
| I am satisfied that | | | | | |  | | | | {witness’s name) understood the questions on the form | | | |
| and the declarations on the form. I certify that the answers as translated by me are correct translations | | | | | | | | | | | | | |
| of the witness’s answers to those questions. | | | | | | | | | | | | | |
| Signature of interpreter | | | | | | |  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I declare that the foregoing is correct | | | Signature of witness: | |  | |
| I declare that the person making this statement is known to me and signed in my presence. | | | | | | |
| Declared at: |  | | | | | |
| the |  | day of | |  | 20 |  |
| Before me Justice of the Peace | |  | | | | |
| (Print Name) | |  | | | | |