|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Income and Employment Status** | | | | | | |
| Please answer the following questions in relation to your current claim with claim number | | | |  | | |
| 1. Have you been, OR are you, employed by a person, company, or organisation for wages or a salary since the date you started receiving benefits (including medical treatment) under the Workers Compensation Act? | | | | | Yes | No |
| 1. Have you done ANY of the following (please tick all boxes which apply to you): | | | | |  |  |
| 1. Sub contract work? | | | | | Yes | No |
| 1. Work you have not been paid for yet? | | | | | Yes | No |
| 1. Work you are not entitled to be paid for / voluntary work? | | | | | Yes | No |
| If you have ticked ‘Yes’ to any of the above, please complete all details in the table below: | | | | | | |
| The person who you performed the work for – their name and address | Period of Work | | Duties and hours performed per week | | Weekly earnings before tax (gross) $ | |
| Date from | Date to |
|  | /     / | /     / |  | |  | |
|  | /     / | /     / |  | |  | |
|  | /     / | /     / |  | |  | |
| 1. Since you started receiving weekly benefits have you been or are you currently self employed or operated a business as a sole trader, partner or director? | | | | | Yes | No |
| If you have ticked ‘Yes’ to any of the above, please complete all details in the table below: | | | | |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nature of self employment or business | Australian Business Number (ABN) | Period of self employment or operating / being involved in the business | | Duties and hours performed per week | | | | | Weekly earnings before tax (gross) $ |
| Date from | Date to |
|  |  | /     / | /     / |  | | | | |  |
|  |  | /     / | /     / |  | | | | |  |
| 1. Are you in receipt of Centrelink benefits? Please provide details below including the weekly amount paid to you: | | | | | | | | | |
| Parenting Allowance | | Yes | No | | $ | | | | gross per week |
| New Start Allowance | | Yes | No | | $ | | | | gross per week |
| Carers Allowance | | Yes | No | | $ | | | | gross per week |
| Other  *(please provide details)* | | Yes | No | | $ | | | | gross per week |
| **Dependants Status** | | | | | | | | | |
| Includes persons who are totally, or mainly dependent on you, as defined by the Workers Compensation Act (dependant children under the age of 21 years must be full time students) | | | | | | | | | |
| Name of spouse, children and any dependants | | The dependant’s relationship to you | Date of Birth | | | Name of the education centre they attend | | Year | Provide full details of any income or pension received by dependant(s) including gross average weekly earnings (before tax) |
|  | |  | /     / | | |  | |  |  |
|  | |  | /     / | | |  | |  |  |
|  | |  | /     / | | |  | |  |  |
|  | |  | /     / | | |  | |  |  |
| **Incident Report** | | | | | | | | | |
| Please provide a description of how the incident occurred and what injury/injuries were sustained. | | | | | | | | | |
|  | | | | | | | | | |
| **Litigation Status** | | | | | | | | | |
| Declaration as to any current or anticipated litigation concerning the injury/injuries which are the subject of the current Workers’ Compensation claim or any other injury/injuries which effect capacity for work. | | | | | | | | | |
| Nature of Litigation | | Date on injury / injuries | Description of injuries | | | | Circumstances under which injuries sustained | | |
|  | | /     / |  | | | |  | | |
|  | | /     / |  | | | |  | | |

**Declaration**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I |  | | hereby declare that the details given above are true and correct and I understand that while I am in | | |
| receipt of weekly payments of compensation I am obliged to notify the insurer of: | | | | | |
| 1. My commencing employment with some other person; or 2. My commencing my own business; or 3. Any change in my employment that affects my earnings 4. Any change to my dependants, and | | | | | |
| I am aware that it is an offence under Section 57(1) of the *Workers Compensation Act 1987* to fail to do so. | | | | | |
| Signature of Worker: | |  | | Date: |  |
| Address: | |  | | | |
| Signature of Witness: | |  | | Date: |  |

*Note: please refer to the last page of this document for declarations where the worker does not understand written English*

**Please complete and sign this Declaration 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

Notes to the Worker

1. ***Workers’ Compensation Act 1987 Section 57***provides that any worker who is in receipt of weekly payments of compensation shall forthwith notify the person making those payments of-
2. the worker’s commencing employment with some other person or in the worker’s own business; and
3. any change in that employment that affects the worker’s earnings.

Penalty for Breach: $2,000

1. ***Crimes Act, 1990* Sections 179 BA and 178 BB** provide a penalty of 5 years imprisonment for any person who by any deception or any false or misleading statement obtains any money for himself or another person.

Declarations where the worker does not understand written English

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. *Declaration of Worker* | | | | | | | | | | | | |
| I have had the questions in the Declaration and my 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. | | | | | | | | | | | | |
| Date: | | |  | | | | | Signature of witness: | |  | | |
|  | | | | | | | | | | | | |
| 1. *Declaration of Interpreter* | | | | | | | | | | | | |
| I |  | | | | | | | | | | | |
| Address | |  | | | | | | | | | | |
| Occupation | | | |  | | | | | | | | |
| certify that I have translated the questions in this Declaration and *Notes to Worker* to | | | | | | | | | | |  | {worker’s name} |
| from the English language into the | | | | | |  | | | language into the English language to the best of my skill and ability. | | | |
|  | | | | | | | | | | | | |
| I am satisfied that | | | | |  | | {worker’s name) understood the questions in this declaration and the *Notes to Worker.* I certify | | | | | |
| that the answers as translated by me are correct translations of the worker’s answers to those questions. | | | | | | | | | | | | |
| Date: | | |  | | | | | Signature of witness: | |  | | |