*Action Required: Applications for workers’ compensation are processed by regional office. Please ensure this form is completed by the school Principal (or delegate) and that the required documentation is attached before forwarding to the regional office.*

|  |  |
| --- | --- |
| **To:** | **From:** |
|  | **School:** |

**EMPLOYEE DETAILS**

|  |  |
| --- | --- |
| **Employee Name:** | **Employee Number:** |
| **Occupation:** | **School Name:** |

**Please circle:** New Claim / Continuing Claim

**FOR *NEW* WORKCOVER CLAIMS**

The items below are attached to this checklist:

Workers’ Compensation Medical Certificate

WorkCover Application for Compensation Form

WorkCover Employer’s Report

Medical Accounts

Education Queensland Health and Safety Incident Notification Form – generated by SMS

Application for leave – for *‘time lost’* claims

WorkCover Payroll Advice Form (Cleaners Only)

If hospitalisation required has this been approved by WorkCover -  Yes  No

**FOR *CONTINUING* WORKCOVER CLAIMS**

The items below are attached to this checklist:

WorkCover medical certificate

Medical Accounts

Application for leave

**OTHER INFORMATION**

Who is the school based Rehabilitation and Return to Work Coordinator (if applicable)?

|  |  |
| --- | --- |
| **Name:** | **Telephone:** |

**COMPLETED BY**

|  |  |
| --- | --- |
| **Name:** | **Position:** |

**Date:** /    /