Form 1990.182D

Application for damages certificate

Version 3

Workers' Compensation Act 1990

Please read this important information – This information is not part of the approved form but is included to assist you in completing this form.

This form is to be used for injuries which occurred on or after 1 January 1996 but before 1 February 1997.

This form is to be completed by a worker considering seeking damages who has not had a certificate injury, that is, one which results in a work related impairment of 20 per cent or more, and who has not received an offer of lump sum compensation.

This form is to be used if the applicant is seeking a certificate or if the applicant is seeking a conditional certificate.

A conditional certificate may be sought where there is an urgent need to start a common law action, for example, where the limitation period is about to expire or the permanent impairment has not yet been assessed, or there is no agreement on the degree of permanent impairment.

You must complete the entire form, however, if any question is not applicable to your situation, please mark it "n/a" or 'not applicable'. If there is insufficient room to answer a question, you may attach a separate sheet *(please reference the question number)*.

Type of application: (tick one)	☐ Application for a damages certificate ☐ Application for a conditional damages certificate

Worker's details

1. Title: (please select)	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other _____		
2. Surname or family name:			
3. Former surname or family name: (if applicable)			
4. Given or first name/s:			
5. Gender:	☐ Male ☐ Female	**6. Date of birth:**	DD / MM / YYYY
7. Residential address:	Unit/Building no. Street no. Street name Suburb/Town/Locality State Postcode		
Enter 'as above' if postal address is the same as residential address.			
8. Postal address:	Unit/Building no. Street no. Street name/PO Box Suburb/Town/Locality State Postcode		
9. Telephone number:	Work Home Mobile		
10. Email:			
11. Do you require an interpreter?	☐ Yes ☐ No If **yes**, which language? _____		

WHS12282

Worker's employment details

12. Your occupation: (please be specific e.g. farmhand)	
13. Full name of employer:	
14. Trading name of employer: (if different from question 13)	
15. Business address:	Unit/Building no. Street no. Street name Suburb/Town/Locality State Postcode
16. How long have you been employed with the employer? (please state years and months)	Years Months
17. At the time of the injury, what was the basis of your employment: (i.e. regular hours, part-time, full-time, casual employment, number of hours per week etc. to determine whether 'worker')	

18. At the time of injury, were you also working in another capacity or for someone else in addition to the employer listed in question 13?

If so, please tick whether you were:

☐ a contractor ☐ a member of a partnership ☐ a volunteer

☐ a director of a corporation ☐ a trustee ☐ a self-employed individual

☐ employed or self-employed in any job other (please provide details)

19. If you have completed question 18, please state the name and address of the additional employer/organisation:

Name:		
Address:	Unit/Building no. Street no. Street name Suburb/Town/Locality State Postcode	
20. At the time of the injury, were you:	Normally working in Queensland?	☐ Yes ☐ No
	Temporarily working in Queensland?	☐ Yes ☐ No
	Working for an interstate employer?	☐ Yes ☐ No

If **yes,** please provide details.

21. Did you receive a benefit from DSS/Centrelink or any other benefit?	☐ Yes ☐ No

If **yes,** please provide details.

WHS12282

Details of injury

22. What was the nature of the injury? (state all injuries in order of severity e.g. fracture, strain, cut)	
23. What part of your body was injured? (e.g. right index finger, lower back)	

24. Where did the injury happen? (please be specific e.g. workshop on Smith Street).	Place		
	Street no. Street name		
	Suburb/Town/Locality	State	Postcode
25. When did the injury occur?	DD / MM / YYYY	**Time:**	☐ am ☐ pm
26. Did the injury happen:	☐ before work ☐ after work	☐ during the course of ordinary working hours ☐ over a period of time	☐ recess ☐ unknown
27. If the injury resulted over a period of time, the date on which a doctor was first consulted:	DD / MM / YYYY		

28. What were you doing at the time the injury occurred? (attach separate pages if insufficient space)

29. Did you report the injury to the employer or the employer's representative?			☐ Yes ☐ No
Name:			
Position:			
Phone number:			
30. When did you report the injury?	DD / MM / YYYY	**Time:**	☐ am ☐ pm
31. Did you stop work because of this injury?			☐ Yes ☐ No
If yes – date:	DD / MM / YYYY	**Time:**	☐ am ☐ pm
32. When and where did you first receive first aid/medical treatment following the injury?			DD / MM / YYYY
Doctor's name/ medical provider:			
Address:			
33. Did you receive medical treatment in a hospital? (if yes, provide details below)			☐ Yes ☐ No
Name of hospital:			

☐ public ☐ private ☐ in-patient ☐ out-patient

☐ other (e.g. emergency facility) (attach separate pages if insufficient space)

WHS12282

If a journey claim

34. If the injury occurred on the way to or from work, please state the starting time, if on way to work, or finishing time, if on way home from work, for work that day:	☐ Start ☐ Finish ☐ am ☐ pm
35. Was a motor vehicle(s) involved?	☐ Yes ☐ No

36. Registration numbers and names and addresses of owners of vehicles: (attach separate pages if insufficient space)		
Registration number	**Name**	**Address**

37. Did the police attend the accident? (if yes, please supply details of the officer and branch)			☐ Yes ☐ No
Officer:		**Branch:**	
38. Did the ambulance attend the accident? (if yes, please supply details of the officer and branch)			☐ Yes ☐ No
Officer:		**Branch:**	
39. At the time of your injury were you a Queensland Ambulance Service (QAS) **subscriber?**			☐ Yes ☐ No

40. Names, addresses, telephone details of witnesses: (attach separate pages if insufficient space)		
Name	**Address**	**Telephone**

41. At the time of the injury, did you have, or had you had, previously sustained any similar injury or condition?	☐ Yes ☐ No

If **yes,** please provide details.

42. Have you previously claimed workers' compensation in Queensland for the current injury or condition or any similar injury or condition?	☐ Yes ☐ No

If **yes,** please provide details.

43. Have you previously claimed workers' compensation outside Queensland?	☐ Yes ☐ No

If **yes,** please provide details.

WHS12282

Statement

In completing this application for damages certificate, I acknowledge that I have read the "Important Information" section. I acknowledge that it is an offence against the *Workers' Compensation Act 1990* to make a statement that is false. I hereby authorise any doctor, health authority, allied health provider, rehabilitation provider or insurer to disclose to the workers' compensation insurer any information regarding my medical history relevant to this application.

The information contained in this application for damages certificate is true.

Worker's signature:		**Date:**	DD / MM / YYYY
Solicitor's reference number: (if applicable)			

If another person signed on behalf of the applicant, details of the person who signed the form: (see below)			
Agent's signature:		**Date:**	DD / MM / YYYY
Agent's full name:			
Street address:	Unit/Building no. Street no. Street name		
	Suburb/Town/Locality State		Postcode

Privacy statement:

The Office of Industrial Relations respects your privacy and is committed to protecting personal information. The information will be managed within the requirements of the current state government privacy regime. The Office of Industrial Relations uses your personal information for the purposes for which it was collected and will not disclose it to a third party without your consent unless required or authorised to do so by law. Further information on our privacy policy is available at worksafe.qld.gov.au.

WHS12282

This form was approved by the Workers' Compensation Regulator, on 1 May 2014, pursuant to section 586 of the *Workers' Compensation and Rehabilitation Act 2003*.

 PN12417