Before making a claim, workers need to:
- notify employers about injuries
- see a doctor and get a workers’ compensation medical certificate.

Make a claim as soon as possible. We will then decide the claim based on workers’ compensation legislation and advise you of the outcome.

Make a claim
- Online at www.workcoverqld.com.au
- By phone on 1300 362 128
- By fax to 1300 651 387
- By post to GPO Box 2459, Brisbane Qld 4001.
- Through a doctor

Section A: Tell us who you are
- an injured worker
- an employer
- an injured worker and employer filling the form in together

Section B: Worker’s details
1. Surname or family name
2. Given names
3. Previous name/s (if applicable)
4. Date of birth / / 
5. Gender ☐ male ☐ female
6. Current residential address
   Number and street
   Suburb/town
   Postcode
7. Postal address
   If this is the same as the residential address please write ‘as above’
   Number and street
   Suburb/town
   Postcode
8. Contact details
   Home telephone
   Work telephone
   Mobile number
   Email address
9. What is the claim for?
   ☐ time off work (other than the day of the injury)
   If your claim is accepted, you will need to complete a Tax file number declaration
   ☐ medical expenses
10. Worker’s occupation
11. Employer’s full company name and business address
   Name
   Employer or RRTWC contact
   Number and street
   Suburb/town
   Postcode
   Telephone
   Fax
   Email
   WorkCover policy number or ABN
   WorkCover Industry Classification (only if >1)
12. Was the worker any of the following at the time of the injury?
   ☐ a community service worker
   ☐ a director of a corporation
   ☐ a jockey
   ☐ a member of a partnership
   ☐ a student
   ☐ a trustee
   ☐ a contractor
   ☐ self-employed
   ☐ a worker for another employer
   ☐ a volunteer
13. When did the injury happen?
   Date / / 
   Time: ☐ am ☐ pm
14. What is the nature of the injury and part of the body that is injured?
   e.g. cut right index finger, fractured leg, lower back strain
15. How did the injury happen?
   e.g. lifting steel rods from the floor to a bench
16. Where did the injury happen?
   e.g. workshop floor
   Place
   Number and street
   Suburb/town
   Postcode
17. Did the injury happen:
   ☐ working at the normal workplace
   ☐ in a road traffic accident while working
   ☐ at work on a break
   ☐ on a journey to or from work
   ☐ away from work during a recess period
   ☐ working away from the normal workplace
18. When was the employer advised about the injury?
   Date / / 
19. Who was the injury reported to?
   Name

We pay claim and medical reimbursement payments by electronic funds transfer

Name of bank
BSB number
Account number
Account name
Employers only: can you confirm that the event occurred at work (or on the worker’s way to work) and that the worker suffered a work related injury as a result of that event?
☐ yes
☐ no, provide relevant information to help us determine the claim

Has a medical certificate been attached to this form?
☐ yes, go to question 22
☐ no, fill in the details below

Date the doctor signed or issued the certificate? / / 
Diagnosis
Doctor’s name
Practice/hospital name
Date first seen / / 

Worker’s capacity for work
☐ fit to return to normal duties from
Date / /
☐ fit for suitable duties (restricted hours) from
Date / to / / 
Restriction/s
☐ not able to work at all from
Date / to / / 
Treatment
☐ no further treatment required
☐ will require treatment from
Date / to / / 
Treatment required

Section E: Wages information

Worker’s wages/salary
How many hours per week hrs
Gross weekly rate of salary/wages (under award) $
Gross normal weekly earnings $

The normal weekly earnings calculator is available on our website at www.workcoverqld.com.au.

Worker’s hours of work each day of the week
<table>
<thead>
<tr>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
</table>

Has the employer excess been paid to the worker?
☐ no
☐ yes, gross amount paid $

as the employer continued to pay the worker’s salary or wages during the period of incapacity (in addition to the excess)?
☐ no
☐ yes, provide employer’s bank details for payments to be reimbursed by EFT

Bank name
BSB number - Account number
Account name

If the employer is not entitled to claim back all of the GST, what percentage can be claimed? %

Reference code or payroll number for the worker

Important information—read before agreement
This section needs agreement by the person completing the form. If the worker and employer are completing the form together, please complete both sections.

Section F: Privacy notice and statements

Privacy
WorkCover Queensland (WorkCover) is collecting your personal information in accordance with the Workers’ Compensation and Rehabilitation Act 2003 in order to assess your entitlement to compensation and manage your rehabilitation and return to work. Some of this information may be given to your employer, the Workers’ Compensation Regulator and service providers for the purpose of payments, treatment, rehabilitation and return to work.

Your information will not be given to any other person unless you have given your consent, or we are authorised or required by law. For more information on privacy, visit our website at www.workcoverqld.com.au or call us on 1300 362 128.

Workers statement
I acknowledge that it is an offence against the Workers’ Compensation and Rehabilitation Act 2003 to make a statement that is false or misleading. The information I have provided is true and not misleading.

I agree to advise WorkCover Queensland if my circumstances change or if I become aware of any matter that would make the above information false or misleading. I will advise WorkCover Queensland if I undertake any employment (paid or unpaid), including self-employment, during my claim.

I authorise any doctor, health authority, allied health provider, rehabilitation provider, or other insurer to disclose to WorkCover Queensland and its agents any information about my medical history relevant to this claim.

I consent to WorkCover Queensland communicating with all parties, including injured workers, employers, and medical and allied health providers by email.

I have read and understand the privacy notice.

Full name
Date / /
I agree

Employer’s statement
I have read the information provided with this form. I acknowledge that it is an offence against the Workers’ Compensation and Rehabilitation Act 2003 to make a statement that is false or misleading. The information that I have provided is true and not misleading.

I consent to WorkCover Queensland communicating with all parties, including injured workers, employers, and medical and allied health providers by email.

I have read and understand the privacy notice.

Full name
Date / /
I agree

What’s next
We will SMS the injured worker their claim number when we receive the claim (if a mobile number is provided).

After you lodge your claim, we have 20 business days to make a decision on the claim, but we decide most claims within five days.

If the claim is accepted, it may be managed by one of our customer service centres to assist with return to work. If the claim is for time off work, the injured worker will be required to complete a Tax file number declaration and send it to us.

If you have any questions about your claim or workers’ compensation in Queensland, call us on 1300 362 128 or visit our website at www.workcoverqld.com.au.