*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:** /    /