



Workers' Compensation Employer's Report

Please forward to the Insurance Commission immediately after the occurrence along with:

- Workers' Compensation Claim Form
- First Certificate of Capacity (where applicable)

Agency details

Agency name:	Type of business:
Address:	
Contact name:	
Phone:	Email:

Worker details

Last name:	First name:
Employee number :	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Risk code (if applicable):

Conditions of employment at the time of the occurrence

Was the worker employed:	Directly <input type="checkbox"/> As a Contractor or Sub-Contractor <input type="checkbox"/> By a Contractor or Sub-Contractor <input type="checkbox"/>		
Date first employed:	Number of hours worked each day:	Number of days worked each week:	
Have you commenced paying weekly compensation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Weekly compensation rate:	Pre-injury rate:
Employment type:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Wages <input type="checkbox"/> Salary	Full or part-time	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time

Occurrence

Date of occurrence:	Time of occurrence:	am/pm	After working:	hours
Date ceased work:	Time ceased work:	am/pm	Date returned to work:	
Date of lodgement with employer:	Was the injured worker affected by alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
Date first medical certificate received by:	at am/pm			
The worker must supply a written explanation accounting for any delay in reporting the occurrence or attending for treatment of the injury				
Provide witness details (if applicable):				
Witness name:	Private address:	Phone:		
Witness name:	Private address:	Phone:		
Do you agree with details of the occurrence as provided on the Workers' Compensation Claim Form? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, please give details:				

Treatment

If first aid attention was provided, by whom?	Period of first aid treatment from:	To:
Name of Doctor first visited:	Date:	Time: am/pm
Admitted to	Hospital on	

Complete for spectacle claims only

Describe how the spectacles were damaged:
Describe type of spectacles damaged (e.g. bifocal lenses, plastic frame):
If the repairs or replacement has been paid, by whom?
Is the claim recommended? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, sign this form. If No, attach a signed statement giving reasons.

Declaration - I declare that I am the person authorised to lodge a claim against the RiskCover Fund on behalf of the above-mentioned agency.

Signature	Date:
Name:	Title:
Phone:	Email:

Claim number:
[If known]

WORKERS' COMPENSATION
Weekly Payment Calculation

A. INDUSTRIAL AWARD, ENTERPRISE BARGAINING AGREEMENT (EBA) OR ENTERPRISE ORDER

1. Number of ordinary hours which constitute a week's work under the above Industrial Award

Name of Award: _____

2. How many ordinary hours (within those which constitute a week's work under the above Industrial Award) are worked each week by the worker?

- 3A. Award wage for ordinary hours constituting a week's work under the above Industrial Award

Calculation: $\frac{\text{Item 3A}}{\text{Item 1}} \times \text{Item 2} =$

- 3B. Over Award or Service payments paid on a regular basis as part of the worker's earnings

- 3C. Overtime

* Refer to "Definitions"

Averaged over 13 weeks (or part worked thereof) prior to date of incapacity.

- 3D. Bonuses or Allowances

* Refer to "Definitions"

It is important that you retain evidence of these calculations.

Names of bonuses or allowances:

Total:

Amount payable for
1st 13 weekly
payments
"Amount A" [Sch 1
Clause 11(2)]

Subtract 3C and 3D from total:

Amount payable for
14th weekly payment
onwards
"Amount Aa" [Sch 1
Clause 11(2)]

and if applicable, add:

- ☐ Any allowance paid on a regular basis as part of the worker's earnings and related to the number or pattern of hours worked.

Name of allowance: _____

Averaged over 13 weeks (or part worked thereof) prior to date of incapacity.

- ☐ Any other allowance prescribed by the regulations.

Name of allowance: _____

It is important that you retain evidence of these calculations.

Maximum = 2 × average weekly total earnings in WA (currently \$3,020.00 from 1 July 2023).

Minimum = Minimum rate of weekly earnings payable for the appropriate classification under the relevant award.

* Please consult with the Insurance Commission if you require assistance in calculating weekly workers' compensation.

B. NO INDUSTRIAL AWARDAverage of **ALL** weekly earnings within 1 year prior to date of injury (or period employed, if less than 1 year)

* Include Overtime, Bonuses & Allowances

Employer (at date of injury)	Occupation	Hours usually worked per week	Period employed	A Total earnings within 1 year prior to date of injury (including overtime, and any bonuses or allowances)	B No. of weeks worked within 1 year prior to date of injury	A B Average weekly earnings
			-			
Other employers						
1.			-			
2.			-			
3.			-			

Total average weekly earnings:

Amount payable
for 1st 13 weekly
payments
"Amount B" [Sch1
Clause 11(2)]

85% of total average weekly earnings:

Amount payable
for 14th weekly
payment
onwards. 85% of
"Amount B" [Sch1
Clause 11(2)]

Maximum = 2 × average weekly total earnings in WA [currently \$3,020.00 from 1 July 2023].

Minimum = Rate of minimum weekly earnings payable under the Minimum Conditions
of Employment Act 1993**DEFINITIONS:**

"Bonuses or Allowances" means:

any bonus or incentive, shift allowance, weekend or public holiday penalty allowance, district allowance, industry allowance, meal allowance, living allowance, clothing allowance or other allowance.

"Overtime" means:

any payment for the hours in excess of the number of ordinary hours which constitutes a week's work.

"Earnings" means:

wages, salary and other remuneration.

NOTE: Minimum Rate**A** [Industrial Award] -

Calculated by looking at the minimum base rate of pay under appropriate classification in the relevant award.

B [No Industrial Award] -

Minimum weekly earnings to which a worker would have been entitled, at the time of incapacity, under the Minimum Conditions of Employment Act 1993. Differing rates apply for employees under 21 years of age.

Minimum Rates can be obtained from the DMIRS website at **commerce.wa.gov.au** Phone no: 1300 655 266.