

# Workers' Compensation Employer's Report



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[riskcover.wa.gov.au](http://riskcover.wa.gov.au)

Please forward to RiskCover 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 RiskCover 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:  $\frac{\text{Item3A}}{\text{Item1}} \times \text{Item2} =$

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 x average weekly total earnings in WA (currently \$2,665.70 from 1 July 2018).

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

\* Please consult with RiskCover if you require assistance in calculating weekly workers' compensation.

<b>B. NO INDUSTRIAL AWARD</b> Average 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 \$2,665.70 from 1 July 2018).

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](http://commerce.wa.gov.au) Phone no: 1300 655 266.