



Declaration of Employment

Claim number:

Incident date:

(Office use only)

Worker details

I, Last name:		First name:		
of (address):				
Occupation:		Employer:		
Do solemnly and sincerely declare that: I am entitled to receive compensation under the <i>Workers' Compensation and Injury Management Act 1981</i> , and am receiving the payments due to me. The following are wholly dependent on me:				
Spouse last name:		Spouse first name:		
Other dependents*:				
Last name	First name	Relationship	Date of birth	
List all employment (including self-employment)* and business activities that you have been engaged in since your accident on _____ (date)				
Name and address of employer (including self-employment)	Period worked		Type of business engaged	Gross weekly earnings including overtime (supporting evidence required)
	From	To		
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				

*attach separate sheet if insufficient space

Declaration

I solemnly and sincerely declare that the answer to all questions on this form and the particulars contained herein or hereto are true in substance and fact.
I take notice that under the provisions of *Section 59(2)* of the *Workers' Compensation and Injury Management Act 1981*, I am required to notify the Insurance Commission should I commence work with another employer after making a claim or while receiving weekly payments for incapacity.

Signature of worker:

Date: