



INDUSTRIAL DEAFNESS EMPLOYER'S NOTICE OF INJURY

CLAIM NUMBER

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Employer's Notice of injury form to be completed
and returned within 7 days.

PLEASE PRINT IN BLOCK LETTERS

EMPLOYER DETAILS

Full name as per policy

Telephone No.

Policy No.

Postal address

Postcode

Location address (specify number, street, suburb)

Name and location where worker employed (depot, branch etc.)

Cost centre No.

Business activity or profession

Name of Rehabilitation Co-ordinator

WORKER'S EMPLOYMENT PARTICULARS

Full name of injured worker (surname, first names)

Address

Sex M or F

Date of birth

/ / .

Date employed

/ / .

Full time

Part-time

Casual

Is worker permanent?

YES

NO

Occupation

Hours worked per week

Main tasks performed by worker

Job classification over 15 years

Date of resignation or retirement

INJURY DETAILS

Sources of noise which worker was exposed to and average periods of time of such exposure

Forward results of any noise level tests performed in worker's job environment

Have there been any measures taken to reduce noise levels, if so give full details

What protective equipment was issued to the worker? eg. Muffs, plugs?

Are you aware of any previous claims by the worker for loss of hearing, either against yourself or other employers?

If you are, give details

PLEASE COMPLETE QUESTIONS OVERLEAF

EMPLOYMENT HISTORY

If worker has been employed by you for less than five years, please provide details of previous employers within this period

(use table)

EMPLOYER'S NAME	ADDRESS	TYPE OF INDUSTRY	OCCUPATION	PERIOD OF EMPLOYMENT

A worker's employment history is important as it may help GIO to recover a percentage of the total claim.

OTHER HEARING LOSS

Has any other employee made a claim for hearing loss in the same working area? If so, give details.

GIVE DETAILS OF OTHER CIRCUMSTANCES WHICH WOULD ASSIST THE INSURER TO ASSESS THE CLAIM (eg. Do you query the validity of the claim? If so, why?)

In my opinion

EMPLOYER DECLARATION

I (print name, position)

declare that the details above are true and correct in every particular.

Signature of employer or authorised person

Date / /

APPROVAL

Pay E/R WKR

Auth/Chq

By _____ / ____ / ____

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