

UNITED SERVICES UNION WORKERS COMPENSATION INTRODUCTION FORM



Level 7, 321 Pitt Street SYDNEY NSW 2000 Ph: 02 9265 8211 Fax: 02 9261 2265 Email: industrial@usu.org.au

Name: _____ Membership No: _____ Date of Birth: _____

Home Address: _____ Gender: M / F

Employer: _____

Employer Address: _____

Phone: (h) _____ (w) _____ (m) _____

INJURY DETAILS

Date Injury / Accident Occurred: _____ Date Reported to Employer: _____

Length of time condition has existed (if applicable): _____

Description of Accident or Injury: _____

EMPLOYMENT, EARNING, & LEAVE DETAILS

Are you still employed/ working while the case proceeds? YES NO

If YES, have your earnings changed? YES NO

If YES, were they reduced for more than \$600 p/w? YES NO

If you are on Leave Without Pay (LWOP) when did this leave begin? _____

If you are on Leave, please indicate your Return to Work Date (approx.): _____

If you are No Longer Employed, when did your employment cease? _____

“I consent to Carroll & O’Dea advising the United Services Union on the status of my claim.”

Signature: _____ Date: _____

OFFICE USE ONLY

Solicitor’s Name: _____ Authorised by: _____

Stratum Call Ref: _____ Date Sent: ___/___/___ Financial: _____ Arrears (if any): \$ _____

Award: Local Government State Award If Other: _____

Enterprise Agreement: _____

Australian Municipal Administrative Clerical and Services Union:
NSW Local Government, Clerical, Administrative, Energy, Airlines, & Utilities Branch

The Union is committed to protecting your privacy and providing you with information and services relevant to you. The Union complies with the Privacy Act 1998 (Cth) and the Australian Privacy Principles. Should you have any queries regarding Policy please visit

Approved – Legal & Industrial v 27/11/14
Version 05/11/2015 – Unknown
Version 03/04/2018 – FM