



# WORKERS COMPENSATION INTRODUCTION FORM

By your side

Please return completed form to the United Services Union by mail to Level 7, 321 Pitt Street, Sydney NSW 2000 or by fax to 02 9261 2265 or by email to [industrial@usu.org.au](mailto:industrial@usu.org.au)

Name					Title	
Membership No.					DOB	
Contact Phone	H		W		M	
Home Address						
Email Address						
Employer						
Work Site Address						

## 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, have your earnings changed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, were your earnings reduced below \$600?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		

## OFFICE USE ONLY

Financial		USU Ref. No.	W /	Emailed	
-----------	--	--------------	-----	---------	--

*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 our Privacy Policy please visit [www.usu.org.au](http://www.usu.org.au) or call the USU Privacy Officer on 9265 8211.*