

Return to Work Toolkit

Register of Injuries Form

Important

This form is required to be utilised in the event that a Host employer has not completed their own version of such a report, to report a work related injury/illness that has occurred to a Future Force employee hosted at their organisation.

It should also be utilised by Future Force staff in the event of them sustaining a workplace injury/illness.

Copies should be provided to Tim Tickner for recording and subsequent action if required.



Register of Injuries

Section 1: Injured worker details

Family name:		First name:	
Position:		Department/team:	
Manager/supervisor's name:			

Section 2: Injury/illness details

Date of injury/illness:		Time of injury/illness:		am/pm
Nature of injury/illness				
Bodily location of injury/illness				
Exact location at time of injury				
Describe how the injury/illness was sustained				
Was any equipment involved in the injury/illness?			Yes / No (Please circle your response)	
<i>If yes, please provide details:</i>				

Section 3: Witnesses

Were there any witnesses to the injury/illness?	Yes / No (Please circle your response)
<i>If yes, please list the witnesses' full names as well as a contact number for each.</i>	

Section 4: Follow up

Was the injury reported to the worker's supervisor?	Yes / No (Please circle your response)
Was any treatment provided?	Yes / No (Please circle your response)
<i>If yes, please provide details.</i>	
Did the injured worker return to work following the injury?	Yes / No (Please circle your response)
<i>If yes, please provide details.</i>	

Section 5: Details of person making this entry

Family name:		First name:	
Position:		Department/section:	
Signature:		Date:	
If you are not the injured worker, did you witness the injury/illness?		Yes / No (Please circle your response)	

Section 6: To be completed by manager/supervisor of injured worker

Has an investigation been conducted into the incident?	Yes / No (Please circle your response)
What, if any, controls were implemented to ensure the incident doesn't happen again?	

Section 7: Employer confirmation

I, _____ (print name), of _____ (insert company name),
hereby confirm receipt of this notification.

Signature: _____ Date: _____

Requirements of injury notification:

- Employers must keep a **Register of Injuries** at each workplace for employees to record any workplace injury or illness.
- An injured worker (or someone acting on their behalf) must notify the employer in writing of any work-related injury or illness within 30 days of becoming aware of the injury or illness.
- Employers must provide written confirmation to the injured worker that they received notification of the injury or illness.
- Employers should provide a signed and dated copy of this entry to the injured worker.
- To make a WorkSafe claim the injured worker must complete a *Worker's Injury Claim Form*, available from the Australia Post.