

South Australia

Workers Rehabilitation and Compensation (Claims and Registration) Regulations 1999

under the *Workers Rehabilitation and Compensation Act 1986*

Contents

1	Short title
4	Interpretation
5	Legislative definitions
6	Evidentiary provision
7	Claims for compensation
8	Registration of employers
9	Exempt employers
10	Agencies of the Crown
11	Registration
12	Special provisions relating to exempt employers
13	Remission of levy
14	Minimum levy
15	Returns by employers
16	Penalty for late payment of levy
17	Volunteers
18	Insurance for employers against liabilities apart from the Act
19	Expiation of certain offences
20	Interest payable under transitional provisions
21	Transitional provision

Schedule 1—Certificate of recognised medical expert

Schedule 2—Employer report form

Schedule 3—Application forms

Part 1—Forms

1 Forms

Part 2—Additional information that must accompany an application for registration as an exempt employer or group of exempt employers

2	Financial information
3	Claims administration
4	Claims record
5	Safety policies
6	Details of registered associations

Part 3—Additional information that must accompany an application for registration as a self managed employer or group of self managed employers

- 7 Corporate structure
- 8 Administration
- 9 Registered associations

Schedule 4—Exempt employers terms and conditions of registration

Schedule 5—Section 105—insurance of employers terms and conditions

Schedule 6—Section 61—agencies and instrumentalities of the Crown

Part 1—Bodies permanently prescribed as agencies or instrumentalities of the crown

Part 2—Bodies temporarily prescribed as agencies or instrumentalities of the Crown

Legislative history

1—Short title

These regulations may be cited as the *Workers Rehabilitation and Compensation (Claims and Registration) Regulations 1999*.

4—Interpretation

In these regulations, unless the contrary intention appears—

the Act means the *Workers Rehabilitation and Compensation Act 1986*;

award means an award under the *Industrial and Employee Relations Act 1994* or the *Workplace Relations Act 1996* of the Commonwealth;

building work has the same meaning as in the *Building Work Contractors Act 1995*;

C.F.S. means the Country Fire Service;

cleaning work means the work of cleaning any building or a part of a building (including the windows of a building or the surrounds of a building);

commercial motor vehicle means a motor vehicle constructed or adapted solely or mainly for the carriage of goods or materials (including money) by road, including a prime mover, truck, panel van, utility and station wagon, but not including a motor cycle;

industrial agreement means—

- (a) an enterprise agreement within the meaning of the *Industrial and Employee Relations Act 1994*; or
- (b) a certified agreement or Australian Workplace agreement within the meaning of the *Workplace Relations Act 1996* of the Commonwealth;

outworker has the meaning given by the *Industrial and Employee Relations Act 1994*;

prime bank rate, for a particular financial year, means the average of the 12 months fixed-rate personal home loan rate and the fixed-rate unsecured personal loan rate, as fixed by the National Australian Bank Limited at the commencement of that financial year (expressed as a percentage per annum to two decimal places);

wall or floor tiling means any work performed within the wall and floor tiling trade (including any ancillary building work of a minor nature only);

window cleaning work means the work of cleaning any window of a building or a part of a building.

5—Legislative definitions

- (1) For the purposes of the definition of *contract of service* in section 3(1) of the Act (but subject to this regulation), the following classes of work under a contract, arrangement or understanding are prescribed classes of work:
 - (a) building work, other than wall or floor tiling, where—
 - (i) the work is performed by one person to the contract, arrangement or understanding (the worker) in the course of or for the purposes of a trade or business carried on by another person to the contract, arrangement or understanding (the employer); and
 - (ii) the work is performed personally by the worker (whether or not the worker supplies any tools, plant or equipment); and
 - (iii) the worker does not employ any other person to carry out any part of the work; and
 - (iv) the value of any materials supplied, or reasonably expected to be supplied, by the worker does not exceed—
 - (A) 4 per cent of the total amount payable, or reasonably expected to be payable, under or pursuant to the contract, arrangement or understanding; or
 - (B) \$50,whichever is the greater; and
 - (v) the value of any one tool, or any single item of plant or equipment, owned or leased by the worker for work purposes (whether or not it is used in the performance of the particular work) does not exceed—
 - (A) in 1999—\$12 000;
 - (B) in a subsequent year—an amount (calculated to the nearest multiple of \$100) that bears to \$12 000 the same proportion as the Consumer Price Index for the September quarter of the immediately preceding year bears to the Consumer Price Index for the September quarter, 1998;
 - (b) cleaning work, where—

- (i) the work is performed by one person to the contract, arrangement or understanding (the worker) in the course of or for the purposes of a trade or business carried on by another person to the contract, arrangement or understanding (the employer); and
 - (ii) the work is performed personally by the worker (whether or not the worker supplies any tools, plant or equipment); and
 - (iii) the worker does not employ any other person to carry out any part of the work; and
 - (iv) —
 - (A) in the case of window cleaning work—the value of any materials supplied, or reasonably expected to be supplied, by the worker does not exceed—
 - if the term of the contract, arrangement or understanding is not more than one month—\$25;
 - if the term of the contract, arrangement or understanding is more than one month—an average of \$25 per month;
 - (B) in any other case—the value of any materials supplied, or reasonably expected to be supplied, by the worker does not exceed—
 - if the term of the contract, arrangement or understanding is not more than one month—\$50;
 - if the term of the contract, arrangement or understanding is more than one month—an average of \$50 per month;
- (c) driving a motor vehicle used for the purposes of transporting goods or materials (whether or not the vehicle is registered in the driver's name) where the driver is paid under the Local Government Employees Award or the Adelaide City Corporation Award and where—
- (i) the work is performed by one person to the contract, arrangement or understanding (the worker) in the course of or for the purposes of a trade or business carried on by another person to the contract, arrangement or understanding (the employer); and
 - (ii) the work is performed personally by the worker (whether or not the worker supplies any tools, plant or equipment); and
 - (iii) the worker does not employ any other person to carry out any part of the work; and
 - (iv) the value of any materials supplied, or reasonably expected to be supplied, by the worker does not exceed \$50;
- (d) driving a taxi-cab or similar motor vehicle used for the purpose of transporting members of the public where the driver does not hold or lease a licence issued in relation to the vehicle and where—

- (i) the work is performed by one person to the contract, arrangement or understanding (the worker) in the course of or for the purposes of a trade or business carried on by another person to the contract, arrangement or understanding (the employer); and
 - (ii) the work is performed personally by the worker (whether or not the worker supplies any tools, plant or equipment); and
 - (iii) the worker does not employ any other person to carry out any part of the work; and
 - (iv) the value of any materials supplied, or reasonably expected to be supplied, by the worker does not exceed \$50;
- (e) driving or riding for fee or reward a vehicle, other than a commercial motor vehicle, for the purpose of transporting by road goods or materials (including money) where the driver or rider does not simultaneously own or operate more than one vehicle for work purposes and where—
 - (i) the work is performed by one person to the contract, arrangement or understanding (the worker) in the course of or for the purposes of a trade or business carried on by another person to the contract, arrangement or understanding (the employer); and
 - (ii) the work is performed personally by the worker (whether or not the worker supplies any tools, plant or equipment); and
 - (iii) the worker does not employ any other person to carry out any part of the work; and
 - (iv) the value of any materials supplied, or reasonably expected to be supplied, by the worker does not exceed \$50; and
 - (v) the goods or materials being transported are not owned (and have not been previously owned) by the driver or rider (as the case may be), or by the employer;
- (f) performing as a singer, dancer, musician, ventriloquist, acrobat, juggler, comedian or other entertainer at a hotel, discotheque, restaurant, dance hall, club, reception house or other similar venue, but excluding work as an actor, model or mannequin, or as any other type of entertainer, in performing as part of a circus, concert recital, opera, operetta, mime, play or other similar performance, where—
 - (i) the work is performed by one person to the contract, arrangement or understanding (the worker) in the course of or for the purposes of a trade or business carried on by another person to the contract, arrangement or understanding (the employer); and
 - (ii) the work is performed personally by the worker (whether or not the worker supplies any tools, plant or equipment); and
 - (iii) the worker does not employ any other person to carry out any part of the work; and
 - (iv) the value of any materials supplied, or reasonably expected to be supplied, by the worker does not exceed \$50.

- (2) For the purposes of subregulation (1)—
- (a) the value of any tool, plant or equipment owned or leased by a worker is the price that, at the time that the worker enters into the relevant contract, arrangement or understanding, the worker would reasonably be expected to pay if the worker were to purchase an equivalent, unused, tool or item of plant or equipment; and
 - (b) a vehicle will not be taken to be used for work purposes if its sole or principal use is to transport the worker, and any tools, plant or equipment, to any work site.
- (3) If—
- (a) a licensed gas fitter is engaged by Boral Energy Limited to perform building work; and
 - (b) the licensed gas fitter supplies materials for the purposes of that work,
- that work is not included in the classes of work prescribed by subregulation (1).
- (4) If—
- (a) a person performs work as an outworker; and
 - (b) any aspect of that work is governed by an award or industrial agreement that is expressed to apply to outworkers (or a specified class or classes of outworkers),
- that work is prescribed work for the purposes of the definition of *contract of service* in section 3(1) of the Act.
- (5) Subject to subregulation (6), the work of a minister, priest or other member of a religious order is a prescribed class of work for the purposes of the definition of *contract of service* in section 3(1) of the Act.
- (6) Pursuant to section 3(7) of the Act, the following persons are excluded from the application of the Act:
- (a) a minister ministering within The Anglican Church of Australia in South Australia; or
 - (b) a priest or other member of a religious order ministering within the Catholic Church of South Australia; or
 - (c) a pastor ministering within the Lutheran Church of Australia South Australia District Inc.; or
 - (d) an ordained minister, deaconess or lay pastor of The Uniting Church in Australia ministering in South Australia in an approved placement under the "Classification of Ministers" of that Church; or
 - (e) an officer of The Salvation Army appointed in South Australia under the orders and regulations for officers of The Salvation Army.
- (7) The work of a Review Officer appointed under the Act is prescribed work for the purposes of the definition of *contract of service* in section 3(1) of the Act (and, for the purposes of the application of the Act to such a Review Officer as a worker, the Crown will be taken to be his or her employer).

- (8) For the purposes of the definition of **local government corporation** in section 3(1) of the Act, the following bodies are prescribed as being within this definition:
- (a) committees of a council under the *Local Government Act 1999*;
 - (b) subsidiaries of a council (or councils) established under the *Local Government Act 1999*;
 - (c) control boards established under the *Animal and Plant Control (Agricultural Protection and Other Purposes) Act 1986*;
 - (d) the Local Government Finance Authority of South Australia established under the *Local Government Finance Authority Act 1983*;
 - (e) the Local Government Superannuation Board continued under the *Local Government Act 1999*;
 - (f) Local Government Training Authority (S.A.) Incorporated;
 - (g) Council Purchasing Authority Pty. Limited.
- (9) For the purposes of the definition of **prescribed allowance** in section 3(1) of the Act, any contribution to a superannuation scheme paid or payable by an employer on behalf of or for the benefit of a worker is prescribed as being within this definition.
- (10) For the purposes of section 3(6) of the Act, a prescribed circumstance is where a person (the principal) contracts with another person (the contractor) who is not registered as an employer under the Act.
- (11) Pursuant to section 3(7) of the Act, but subject to subregulation (12), a worker who is employed by an employer to participate as a contestant in a sporting or athletic activity (and to engage in training or preparation with a view to such participation, and other associated activities) is, in relation to that employment, excluded from the application of the Act.
- (12) Subregulation (11) does not apply to—
- (a) a person authorised or permitted by a racing controlling authority within the meaning of the *Authorised Betting Operations Act 2000* to ride or drive in a race within the meaning of that Act; or
 - (b) a boxer or wrestler employed or engaged for a fee to take part in a boxing or wrestling match.
- (13) A person (**the driver**) who is employed or engaged by another (**the principal**) to transport goods or materials (including money) by motor vehicle in the course of or for the purposes of a trade or business carried on by the principal is excluded from the application of this Act if—
- (a) the motor vehicle is a commercial motor vehicle; and
 - (b) the motor vehicle is owned, leased or hired by the driver; and
 - (c) the motor vehicle is not owned by, leased from or hired out by, or otherwise supplied by (directly or indirectly)—
 - (i) the principal; or
 - (ii) a third person who is related to the principal; and

- (d) the goods or materials are not owned (and have not been previously owned) by the driver or by the principal.
- (14) For the purposes of subregulation (13), a principal and another person will be taken to be related if—
 - (a) they are employer and employee; or
 - (b) the other person is accustomed or under an obligation (whether formal or informal) to control the use of the relevant motor vehicle in accordance with the directions or determinations of the principal.
- (15) Pursuant to section 3(7) of the Act, a person to whom the *Seafarers Rehabilitation and Compensation Act 1992* of the Commonwealth applies is excluded from the application of the Act.

6—Evidentiary provision

Pursuant to section 31(3) of the Act, the operation of section 31(2) of the Act is extended to the following disability and type of work:

Description of Disability	Type of work
Mesothelioma	Any work involving exposure to inhalation of asbestos fibres

7—Claims for compensation

- (1) For the purposes of section 52(1)(c) of the Act, the form of a certificate by a recognised medical expert that must support a claim for compensation is the form set out in Schedule 1 completed in accordance with the instructions contained in that Schedule.
- (2) For the purposes of section 52(5)(b) of the Act, the statement required to be forwarded to the Corporation with a copy of a claim for compensation must be in the form set out in Schedule 2—
 - (a) completed in accordance with the instructions contained in that Schedule; and
 - (b) containing the information required by that Schedule.
- (3) A form referred to in subregulation (1) or (2) may be provided in electronic form according to a determination made by the Corporation and published in the Gazette.

8—Registration of employers

- (1) If—
 - (a) a person (the employer) employs one or more persons (the workers) under a contract of service or contracts of service; and
 - (b) the workers are not employed for the purposes of a trade or business carried on by the employer; and
 - (c) the total remuneration payable by the employer to the workers does not exceed—
 - (i) in 1999—\$7 800;

- (ii) in a subsequent year—an amount (calculated to the nearest multiple of \$100) that bears to \$7 800 the same proportion as the Consumer Price Index for the September quarter of the immediately preceding year bears to the Consumer Price Index for the September quarter, 1998,

the employer is not, in respect of those workers, required to be registered under section 59 of the Act (and the remuneration paid to those workers need not be included in any return furnished to the Corporation under section 69 of the Act).

- (2) The employers who are not required to be registered under section 59 of the Act by virtue of subregulation (1) are, in respect of the workers referred to in subregulation (1), a prescribed class of employers exempt from the operation of section 46(3) of the Act.

9—Exempt employers

For the purposes of section 60(2) of the Act, the prescribed number of workers to be employed by an individual employer or a group of employers making an application for registration as an exempt employer or group of exempt employers is 200.

10—Agencies of the Crown

- (1) Pursuant to section 61(4) of the Act, the bodies listed in Schedule 6 are prescribed for the purposes of the definition of *agency or instrumentality of the Crown* under section 61 of the Act.
- (2) Subregulation (1) has effect in relation to a body listed in Part 2 of Schedule 6 only for the period specified in the entry listing the body.

11—Registration

- (1) For the purposes of section 62 of the Act—
 - (a) an application for registration under Part 5 of the Act; or
 - (b) an application to amend any registration details; or
 - (c) an application to provide additional location details to the Corporation,must be in a form set out in Schedule 3—
 - (d) completed in accordance with the instructions contained in that Schedule; and
 - (e) containing, or accompanied by, the information required by that Schedule.
- (2) A form referred to in subregulation (1) may be provided in electronic form according to a determination made by the Corporation and published in the Gazette.
- (3) Pursuant to section 62(2) of the Act, a fee of \$5 000 plus \$5 for each worker employed by the employer, or group of employers, at the time of the application is fixed as the fee that must accompany an application for registration as an exempt employer, or group of exempt employers.

- (4) However—
- (a) if the applicant is an employer who is taking over, or who has within the preceding period of 12 months before the date of application taken over, an activity undertaken by the Crown or an agency or instrumentality of the Crown and who, at the same time, is taking over, or has taken over, the employment of various workers engaged in that activity then—
 - (i) if that activity is the sole activity undertaken by the employer within the State—no fee is payable under subregulation (3);
 - (ii) in any other case—there will be a proportionate reduction in the fee that is otherwise payable under subregulation (3) according to the proportion that the activity that is being taken over, or that has been taken over, bears to all activities undertaken by the employer within the State; and
 - (b) if the applicant is an employer who has, within the preceding period of two months before the date of application, ceased to be an exempt employer by virtue of a proclamation under section 61(2) of the Act then no fee is payable under subregulation (3); and
 - (c) the maximum fee payable under subregulation (3) is \$20 000.
- (5) Pursuant to section 62(2) of the Act, a fee not exceeding \$4 000 determined by the Corporation is fixed as the fee that must accompany an application for registration as a self managed employer, or group of self managed employers.

12—Special provisions relating to exempt employers

- (1) The registration of an employer as an exempt employer (or as one of a group of exempt employers) is subject to the terms and conditions prescribed in Schedule 4.
- (2) For the purposes of subsection (4) of section 50 of the Act—
 - (a) the actuarial guidelines approved by the Corporation from time to time for the purposes of the calculation of financial guarantees under clause 10 of Schedule 4; and
 - (b) the principle that a scaling factor equal to the scaling factor that applies under clause 10(2)(a) of Schedule 4 should be applied to any actuarial determination of the value of liabilities,are prescribed for estimating and capitalising liabilities under that section.

13—Remission of levy

Pursuant to subsection (12) of section 66 of the Act, the following are prescribed as circumstances where the Corporation may remit the levy payable by an employer under that section:

- (a) if the employer, with the approval of the Corporation, makes a payment of levy in advance on the basis of estimates of the annual levy that would be payable by the employer under the Act; or
- (b) if the Corporation considers that administrative savings are being made (or will be made) on account of the employer managing claims made by workers who suffer compensable disabilities in the employment of the employer; or

- (c) if, in the opinion of the Corporation, the amount standing to the credit of the Compensation Fund is sufficient to justify a remission of the levy.

14—Minimum levy

Pursuant to section 66(13) of the Act, the prescribed minimum levy is \$50.

15—Returns by employers

- (1) For the purposes of section 69(1) of the Act, if a return is the first return furnished to the Corporation after the end of a financial year, the employer must, in relation to each class of industry in which the employer employs workers, include the following information—
 - (a) the aggregate remuneration paid to the employer's workers in that industry during that financial year;
 - (b) an estimate of the aggregate remuneration that the employer expects to pay to the employer's workers in that industry during the ensuing financial year.
- (2) For the purposes of section 69(3) of the Act, if the Corporation requires that a person with accounting qualifications verify the information contained in a return, that person must be—
 - (a) a registered company auditor; or
 - (b) a member of The Institute of Chartered Accountants in Australia; or
 - (c) a member of the Australian Society of Accountants.

16—Penalty for late payment of levy

For the purposes of section 71(1) of the Act, the rate of penalty interest on an amount in arrears is 5 per cent per annum plus the prime bank rate for the financial year in which the notice of an amount in arrears is given.

17—Volunteers

- (1) In this regulation—

volunteer fire-fighter means—

 - (a) a member of the C.F.S.; or
 - (b) a fire control officer under the *Country Fires Act 1989*; or
 - (c) a person who, at the request or with the approval of a person who is apparently in command pursuant to the *Country Fires Act 1989*, at the scene of a fire or other emergency, assist in fire-fighting or dealing with the emergency,

who receives no remuneration in respect of his or her service in that capacity.
- (2) For the purposes of section 103A of the Act—
 - (a) volunteer fire-fighters are prescribed as a class of persons under that section; and
 - (b) the following activities are prescribed as a class of work:
 - (i) any activity directed towards—

- preventing, controlling or extinguishing a fire;
 - dealing with any other emergency that requires the C.F.S. to act to protect life or property;
- (ii) attending in response to a call for assistance by the C.F.S.;
 - (iii) attending a C.F.S. meeting, competition, training exercise or other organised activity;
 - (iv) carrying out any other function or duty under the *Country Fires Act 1989*.

18—Insurance for employers against liabilities apart from the Act

For the purposes of section 105 of the Act, the terms and conditions to the insurance provided under that section to employers by the Corporation are set out in Schedule 5.

19—Expiation of certain offences

- (1) Pursuant to section 122A of the Act, the following amounts are fixed as expiation fees in respect of offences against the following sections:

Section	Expiation fee
Section 59—Failing to register as an employer within the time allowed under that section	(a) \$360 indexed;
	or (b) 5% of the aggregate remuneration paid to the employer's workers during the period for which the employer is in breach of the section,
	whichever is the greater.
Section 69(5) in respect of the offence of failing to furnish an Annual Declaration within the time required under section 69	\$120 indexed

- (2) For the purposes of this regulation, a fee under subregulation (1) that is expressed to be indexed will be adjusted on an annual basis (according to calendar years) beginning on 1 January 2000 so that the fee payable in respect of an offence committed on or after that date will be an amount (calculated to the nearest multiple of \$10) that bears to the relevant fee prescribed by subregulation (1) the same proportion as the Consumer Price Index for the September quarter of the year immediately preceding the year of the offence bears to the Consumer Price Index for the September quarter, 1998.

- (3) In this regulation—

Annual Declaration means a return containing the information required by regulation 15 that must be furnished by an employer to the Corporation after the end of each financial year;

remuneration has the same meaning as under Division 4 of Part 5 of the Act (but does not include remuneration paid to any worker in respect of whom an employer is not required to be registered under section 59 of the Act).

20—Interest payable under transitional provisions

- (1) For the purposes of clause 2(4) of Schedule 1 to the Act, the rate of interest will be the prime bank rate for the financial year in which the employer receives notification of a payment under that clause.
- (2) For the purposes of clause 2(11) of Schedule 1 to the Act, the rate of interest will be the prime bank rate for the financial year in which the amount in respect of which interest is payable is paid to the Corporation.

21—Transitional provision

Despite regulations 3 and 7, a certificate in the form prescribed by Schedule 1 of the *Workers Rehabilitation and Compensation (Claims and Registration) Regulations 1987* before revocation of those regulations by these regulations may continue to be used for the purposes of the Act after the commencement of these regulations.

Schedule 1—Certificate of recognised medical expert

 South Australian Workers Compensation Doctors Copy 36200 XX

Prescribed Medical Certificate

PLEASE PRINT LEGIBLY

Family name: _____ Other names: _____

Date of birth: ____/____/____ Stated date of injury: ____/____/____

Employer: _____

The worker's stated cause for this disability/disease is: _____

After examining the worker, it is my opinion that he/she is suffering from: _____

I consider that the disability/disease is consistent with the stated cause Yes No

In my opinion the worker is:

fit to return to pre-injury workplace duties on ____/____/____

fit to return to modified/other duties from ____/____/____ to ____/____/____ with the following restrictions:

unfit for work, from ____/____/____ to ____/____/____

Please tick all relevant statements:

I have personal knowledge of the worker's workplace Yes No

I have discussed with the employer the kinds of work that might be appropriate for the worker in view of the disability Yes No

I have referred the worker to (eg medical specialist, other health professional): _____

Name of person referred to: _____

I will reassess this worker Yes, on ____/____/____ or no further review required

Other comments: _____


I certify that I have examined/seen this worker on ____/____/____
at _____ AM / PM

Signed: _____

Date of certificate: ____/____/____

Name of doctor:
Address:
Telephone:
Facsimile:
Provider No:
E-mail:

Schedule 2—Employer report form



Employer Report Form

<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">EMPLOYER DETAILS</div> <p>Name of Employer (as per Registration) <input style="width: 100%;" type="text"/></p> <p>Name of location where worker employed (as per Registration) <input style="width: 100%;" type="text"/></p> <p>Employer's Reg. No. <input style="width: 150px;" type="text"/> Location No. <input style="width: 60px;" type="text"/></p> <p>Address of the location <input style="width: 100%;" type="text"/></p> <p style="text-align: right;">Postcode <input style="width: 100px;" type="text"/></p> <p>Person to contact regarding this claim <input style="width: 100%;" type="text"/></p> <p>Position of the contact person <input style="width: 100%;" type="text"/></p> <p>If your business is registered for GST, what percentage of input tax credit is your business claiming or entitled to claim, on WorkCover levy paid? <input style="width: 50px;" type="text"/> % <small>The ATO has advised that if you do not provide your GST status, claim payments may be subject to GST.</small></p> <div style="background-color: black; color: white; padding: 2px; font-weight: bold;">WORKER'S EMPLOYMENT DETAILS</div> <p>Worker's family name <input style="width: 100%;" type="text"/></p> <p>Worker's other names <input style="width: 100%;" type="text"/></p> <p>Payroll number (For Crown Agency ONLY) <input style="width: 100px;" type="text"/></p> <p>Employment status (For Crown Agency ONLY) <input style="width: 100px;" type="text"/></p> <p>Sex Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Date of birth <input style="width: 100px;" type="text"/></p> <p>Full time <input type="checkbox"/> Part time <input type="checkbox"/></p> <p>Permanent <input type="checkbox"/> Casual <input type="checkbox"/></p> <p>Normal hours per week <input style="width: 100px;" type="text"/></p> <p>Days worked per week <input style="width: 100px;" type="text"/></p> <p>Rostered days off <input style="width: 100px;" type="text"/></p> <p>Date started with you <input style="width: 100px;" type="text"/></p> <p>Occupation (refer to notes on the front page) <input style="width: 100%;" type="text"/></p> <p>Main tasks (refer to notes on the front page) <input style="width: 100%;" type="text"/></p> <p>If the worker is not an employee, explain the relationship (eg. non working director, sub contractor, partner) <input style="width: 100%;" type="text"/></p> <p>Is the worker a working director? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">INJURY/DISEASE DETAILS</div> <p>What injury or disease did the worker suffer? <input style="width: 100%;" type="text"/></p> <p>Bodily location of the injury or disease (eg. left upper arm, lungs) <input style="width: 100%;" type="text"/></p> <p>When did the injury occur? (Tick the relevant box)</p> <p>1 <input type="checkbox"/> while working at worker's usual workplace</p> <p>2 <input type="checkbox"/> traffic accident while working</p> <p>3 <input type="checkbox"/> while travelling to or from work</p> <p>4 <input type="checkbox"/> while having a break</p> <p>5 <input type="checkbox"/> while working elsewhere</p> <p>6 <input type="checkbox"/> while attending an approved course of study</p> <p>7 <input type="checkbox"/> other (please specify) <input style="width: 100%;" type="text"/></p> <p>Place where the injury occurred or disease arose (refer to notes on the front page)</p> <p>Location: <input style="width: 100%;" type="text"/></p> <p>Address: <input style="width: 100%;" type="text"/></p> <p>Date of injury or disease <input style="width: 100px;" type="text"/> Time <input style="width: 60px;" type="text"/></p> <p>Date of notice <input style="width: 100px;" type="text"/> Time <input style="width: 60px;" type="text"/></p> <p>Name of witness (if any) <input style="width: 100%;" type="text"/></p> <p>Date the worker ceased work <input style="width: 100px;" type="text"/></p> <p>Time ceased work <input style="width: 100px;" type="text"/></p> <p>Has the worker resumed work? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, date the worker resumed work <input style="width: 100px;" type="text"/></p> <p>What time did the worker resume work? <input style="width: 100px;" type="text"/></p> <p>Has the worker returned to normal duties? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no above, how many hours/week is the worker working? <input style="width: 100px;" type="text"/></p> <div style="background-color: black; color: white; padding: 2px; font-weight: bold;">Coding Details for Crown Agency ONLY</div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">D</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>B/S</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Claim No.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Claim No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Workers Rehabilitation and Compensation (Claims and Registration) Regulations 1999—11.8.2005 to 7.4.2006
 Schedule 2—Employer report form

WHAT HAPPENED?

Please read the examples below before completing.

What was the worker doing at the time?

What led to the injury or disease?

What exactly caused the injury or disease?

Give the name of any chemical, object, process or equipment involved

EXAMPLES:

What led to the injury or disease?	What exactly caused the injury or disease?
long term vibration caused steam pipe to fracture	escape of steam burned arm
cut iron chip flew from grinder	chip flew into unprotected eye
foot slipped on wet rung of metal ladder	fell 2 metres to concrete floor
repeatedly lifting 16kg bags of cement from pallet to trolley	felt sudden pain in lower back

OTHER DETAILS

Give details of other circumstances which would assist your Claims Management Agent to assess the claim. (eg. Do you query the validity of the claim? If so, why?)

In my opinion

FIRST TWO WEEKS PAYMENT—For Non-Exempt Employees ONLY

Have you previously made any weekly compensation payments to the worker during the current calendar year?

Yes No

If yes, then please give details of the amount(s) and date(s)

--

For "immediately notifiable work related injuries" only (refer to notes on the front):

DAIS -Workplace Services notified on (date)

Regional Office

COMPENSATION PAYMENTS -For Non-Exempt Employees ONLY

What was the worker's gross weekly wage at the time of the injury or disease?

Does this amount include any allowances?

Yes No

If yes, provide details:

--

Does the worker normally work overtime or shiftwork?

Yes No

State/Federal Award Apprentice/Trainee

It is expected that an employer will make weekly compensation payments to the worker in accordance with advice from their Claims Management Agent and will then be reimbursed by them. In special circumstances the Claims Management Agent will organise weekly compensation payments direct to the worker.

If you request this alternative, please state your reason:

If the employer is going to pay the worker direct, the Claims Management Agent can reimburse the payments via Electronic Funds Transfer (EFT) or cheque.

Do you want to be reimbursed via EFT?

Yes No

If yes to the above, please complete the following details:

Payments can only be made to a bank, building society or credit union account held in the employer's name (and maintained by the employer). It is the employer's responsibility to advise the claims agent within 5 business days if any of the bank account details provided are changed.

Bank Name

Branch Address

BSB

Account Number

Account Name

EMPLOYER DECLARATION

I

the undersigned, declare that the details above are true and correct to the best of my knowledge and belief, and I understand that providing a false or misleading statement is an offence.

Date

Signature of Employer (or authorised person)


--

Schedule 3—Application forms

Part 1—Forms

1—Forms

The following are the forms referred to in regulation 11:



Application for Registration as an Employer

Workers Rehabilitation & Compensation Scheme - South Australia

**YOU MUST REGISTER WITHIN 14 DAYS OF EMPLOYING A WORKER
PLEASE SUPPLY, IN WRITING, REASON(S) IF YOU ARE REGISTERING AFTER
THE 14 DAY PERIOD - A PENALTY MAY APPLY.**

Use this form to register as an employer in respect of workers in employment to which the Workers Rehabilitation and Compensation Act, 1986 applies and for Occupational Health, Safety and Welfare purposes.

Do you employ any worker who is (or is to be) usually employed outside Australia?
No Yes

Workers who usually work in another State or Territory may not be covered under the South Australian legislation. You should consider also arranging cover in the appropriate State or Territory.

A Minimum Levy applies to each employer registration.

PLEASE NOTE: For assistance in filling out this form contact WorkCover Corporation

Phone: 131855
Country callers: 1800 188 000 (Toll Free)
Interstate callers: 1800 888 508 (Toll Free)
e-mail: workcover.com

An Interpreter service is also available.

Visit our Internet Website at www.workcover.com

If you operate a business activity at more than one location where workers are employed, you will need to fill out an 'Additional Location Details' form for each extra location.

Employers (and others) have responsibilities and obligations under the Occupational Health, Safety and Welfare Act, 1986.

Do you wish information on occupational health, safety and welfare sent to you? Yes

An employer is liable for the first two weeks income maintenance for an injured worker per calendar year.

This liability can be removed by completion of an application form and paying a minimal additional levy. Do you wish an application form to be sent to you? Yes

Payment Options:

Flexible payment methods that are designed to save you time and money are available. For more information just tick the box and we will forward a brochure and application form.

Yes

Please complete the form in **BLOCK LETTERS** using a black pen

1. Full legal name(s) of employer
For an individual or partnership, list the family names first, followed by the other names.
The employer's legal name is not necessarily the same as the trading name. For example, John Peter Smith trading as ABC Retail, ABC Retail is the trading name, but John Peter Smith is the legal name of the employer.

2. Tick one box to show the type of employer

Sole proprietor (one person) Partnership

*Private Company *Public Company

*Please provide Australian Company Number

□ □ □ □ □ □ □ □ □ □

Other (Describe)

Office use only	Date form received: <input style="width: 80px;" type="text"/>	Registration No: <input style="width: 80px;" type="text"/>	SAMWC Code: <input style="width: 60px;" type="text"/>
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Continued on the next page

Workers Rehabilitation and Compensation (Claims and Registration) Regulations 1999—11.8.2005 to 7.4.2006

Schedule 3—Application forms

3. Australian Business Number
Please provide your Australian Business Number

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

4. GST Status

(a) Is (or will) your business be registered for GST purposes?

Yes go to question 4(b)
No go to question 5

(b) Is your business claiming (or entitled to claim) input tax credits for WorkCover levy paid?

Yes go to question 4(c)
No go to question 5

(c) What percentage (%) of input tax credits is your business claiming (or entitled to claim) on WorkCover Levy paid?

□ □ □ %

(d) On what date did (or will) your business become eligible to claim input tax credits for WorkCover levy paid?

□ □ / □ □ / □ □ □ □
Day Month Year

5. Company Directors
Give **FULL** names (including middle names) of all directors. If more attach list. Tick appropriate box to indicate Working or Non-Working Director

Surname	Given Names	Working Director	Non-Working Director

6. Other registrations as an employer
Please list **ALL** other businesses in which the employer listed in Q1, or directors listed in Q5 are currently or have been previously involved in the past 5 years. If more attach list.

Name:	WorkCover Registration number (if applicable):

7. Trust
Is the employer appointed as a trustee of a trust? If so, state the name of the trust.

--

8. Registered Business or Trading Name (if applicable)

--

9. Mailing details
What is your postal address for service of notices and correspondence

Postcode: _____

What is your e-mail address _____

Please provide your internet Web-site _____

10. Contact person
Provide details of your authorised contact person who may be contacted for further information.

Name	M
Position/Title	
Phone number	() Mobile
Fax number	()
e-mail	

11. Have you provided the postal or e-mail address of your accounting firm at question 9 and 10.
 Yes No
 If no, provide details of your accounting firm.

Name		
Telephone	()	
Fax number	()	
e-mail		
Address		

12. Address where the employer's business records can be examined
 This must be a street address, an accountant's name and address, or a farm location (not a post office box number)

Postcode		
Phone number	()	Mobile
Fax number	()	
e-mail		

MAIN LOCATION DETAILS (For additional locations, use 'Additional Location Details' form.)

13. Why are you registering this location/business?
 (Please tick one box only)

Purchased existing location	<input type="checkbox"/>	} →
Purchased existing business	<input type="checkbox"/>	
Takeover	<input type="checkbox"/>	
Merger	<input type="checkbox"/>	
Changed legal status	<input type="checkbox"/>	
Set up your own new business/location	<input type="checkbox"/>	
Other	<input type="checkbox"/>	Give details →

If you have purchased an existing location, changed legal status or merged, please give us the following information:

Previous employer name

Their WorkCover Corporation Registration Number(s)

Location Number(s) Phone number

Previous Australian Business Number for this location

14. At how many locations are workers employed?
 Each site where an employer controls or directs workers on a relatively permanent basis is a location. (Temporary sites away from a base are not regarded as locations, eg building sites.)

15. When did/will you start employing at this location?

Date: / /

16. Address of main location
 Please give the full address (not a post office box). For farms, include the road name, or if no road name, the Sections and Hundreds. (For workers working on various sites or locations, only a base location is required.)

Postcode		

17. Please provide the Australian Business Number if different to question 3.

Workers Rehabilitation and Compensation (Claims and Registration) Regulations 1999—11.8.2005 to 7.4.2006

Schedule 3—Application forms

18. Trading name used by the employer at this location
(if applicable)

19. Contact name at this location
Give details of the person WorkCover Corporation should talk to if we have any questions about the location (not your Accountant/Solicitor).

Name	M
Position/Title	
Phone number	() Mobile
Fax number	()
e-mail	

20. Business of employer at this workplace/location
This information will help us to assign the correct industry classification which determines the levy rate.

(a) What is the ONE MAIN TYPE of goods produced or service provided by the business at this location?

(b) Describe the different types of work (activities) carried out at this location
If you need more space, please attach a sheet.

21. Give details of the NUMBER of workers who will be or are employed in each occupation at this location.
Include working directors. Do not include people listed as the employer (i.e. partners or sole-proprietors).
Estimate the total gross remuneration (including wages, benefits and other payments) which will be paid to workers at this location for a 12 month period.
(This estimate is used to assist in determining the frequency of your levy payment (e.g. monthly or annually in arrears))

Occupation	Full-time (35 hrs or more a week) Includes permanent, casual and seasonal	Part-time (Less than 35 hrs a week) Includes permanent, casual and seasonal	Gross Remuneration (including wages, superannuation, leave payments, sickness fees, other allowances and monetary benefits)
Total Gross Remuneration			

22. Claims Agent
Workplace injury claims are handled by the following Claims Agents on behalf of the WorkCover Corporation.
Please tick the box of the Claims Agent you wish to select.

Allianz Australia Workers' Compensation (SA) Ltd
 CGU Workers Compensation (SA) Pty Ltd
 HIB Workers Compensation (SA) Pty Ltd
 Mercantile Mutual Insurance (SA Workers Compensation) Ltd
 Royal & Sun Alliance Workers Compensation Services (SA) Ltd
 WorkCover Corporation randomly select Claim Agent

You will have one opportunity to change Claims Agent each year by advising WorkCover Corporation in writing by 15 Jan. The change will be effective from 1 July.
 In the event of a claim by your worker, please submit claim forms direct to your Claims Agent not to WorkCover Corporation.

Declaration
Before completing this declaration, please make sure you have answered each question as it applies to your business and you have attached any 'Additional Location Details' forms or any other attachments.
To provide false or misleading information is a serious offence under the Workers Rehabilitation and Compensation Act, 1986 which can involve you incurring a significant penalty of up to \$50,000.

Return your completed form to WorkCover Corporation by:
Mail GPO Box 2688 Adelaide SA 5001
In person 110 Waymouth St Adelaide SA
Fax (08) 8233 2900

I declare that the information I have given on this form and any attachment(s) is complete and correct.

Signature of employer,
Public Officer or authorised person

--

Date

/ /

Name

--

(Block letters)



Application to Amend Employer Registration Details

Workers Rehabilitation & Compensation Scheme - South Australia

Please Note:
For assistance in filling out this form contact WorkCover Corporation
Telephone: 131855
Country callers: 1800 188 000 (Toll Free)
Instate callers: 1800 888 508 (Toll free)
e-mail: workcover.com
An Interpreter service is also available.
Visit our Internet Website at www.workcover.com
Please complete the form in BLOCK LETTERS using a black pen and return to WorkCover Corporation by:
Mail GPO Box 2668
Adelaide SA 5001
In Person 100 Wymouth St
Adelaide SA
Fax (08) 8233 2990

To amend details about you as an employer or your business, complete details on this Page and Part A.

For a change which results in (or is expected to result in) a new Australian Business Number being issued, do not use this form - a new *Application for Registration as an Employer* is required to be completed and provided to the WorkCover Corporation.

To amend the address of an existing location, complete details on this Page and Part B.

For changes involving an additional location, do not use this form - an *Application to provide Additional Location Details* is required to be completed and provided to the WorkCover Corporation.

To cancel a location or registration, complete details on this Page and Part C.

- **Employer Name**
(as shown on your WorkCover Certificate of Registration)
- **Employer number**
- **Australian Business Number**

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Declaration

I declare that the information I have given in this form is complete and correct.

Signature of employer, public officer or authorised person

Date

Full name of the person who signed this declaration

Part A - Amend details about you or your business

1. What is the DATE OF EFFECT of the following change(s)? Now complete only those questions 2 to 8 in Part A for which your details have changed.

2. **To inform a change of business activity carried out at this location.**

If you have changed your business activity/ industry at any location, tick this box:

Please attach a brief explanation of type of business now carried out including the number of Full time workers and remuneration paid in each type of activity if more than one type of industry is carried out.

An officer from WorkCover will be in contact to discuss this change and its affect (if any) on your levy rate.

Continued on the next page.

3. **To amend employer name details.**

(a) To amend the type of employer, tick one box to indicate current type and provide details of new employer name.

Sole Proprietor	<input type="checkbox"/>	}	→	New employer name (in full)
Partnership	<input type="checkbox"/>			
Public Company	<input type="checkbox"/>			
Private Company	<input type="checkbox"/>			
Other	<input type="checkbox"/>			

(b) To amend Partners or Directors →

Incoming partners or directors (full names)

Outgoing partners or directors (full names)

4. **To amend business/trading names** Only where Australian Business Number has not changed

5. **To amend mailing details**

New postal address for service of notices and correspondence.

New e-mail

New Internet Web-Site

Postcode

6. **To amend employer contact person**

Name M

Phone number ()

Mobile

Fax number ()

e-mail

7. **To amend business records address**

Please provide the full address (not post office box). For farms include the road name, the Sections & Hundreds

Postcode

Phone number ()

Mobile

Fax number ()

e-mail

8. To amend GST status.

(a) Is your business registered for GST? Yes No

(b) Is your business claiming for, or entitled to claim, input tax credits on WorkCover levy paid? Yes No

(c) What percentage (%) of input tax credits is your business claiming or entitled to claim on your WorkCover levy paid?
 %

(d) On what date did, or will, you become eligible to claim input tax credits on your WorkCover levy paid?
 / /
 Day Month Year

Part B - To amend the address of an existing location

1. What is the DATE OF EFFECT of the following change(s)? / / Now complete only these questions 2 to 4 in Part B for which details have changed.

2. To amend the physical location of an existing location

Location number

New location address

Postcode

If the business activity or industry has changed, please attach details (refer Part A - Question 2)

3. To amend location contact details

Contact name Location number

Telephone () Mobile

Fax number () Trading name

e-mail

4. Revised estimate of total gross remuneration

Revised estimate of total gross remuneration including wages, employer's superannuation contributions, leave payments and other allowances and benefits expected to be paid to your workers during the current financial year. \$

Part C - Cancellation of location(s) or registration

1. Do you wish to:

(i) Cancel your entire registration

(ii) Maintain your existing employer registration but cancel one or more locations

On what date did the business cease employing workers? / /

Location numbers of these locations you wish to cancel:

Date employment ceased at this location

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Continued on the next page.

Workers Rehabilitation and Compensation (Claims and Registration) Regulations 1999—11.8.2005 to 7.4.2006
 Schedule 3—Application forms

2. Why do you wish to cancel your registration/location(s)?

Business/location sold

Business/location merged

Employer bankrupt or liquidated

Employer deceased

Ceased employing

other Please give details _____

Who was it sold to/merged with

Name _____

Address _____

Postcode _____

Phone Number () _____ Mobile _____

Fax Number () _____

e-mail _____

Do you still conduct any business in which you employ workers? No Yes

If yes and the location needs to be registered you will need to be registered you will need to complete an additional Location form or complete Part B of this form.

3. What is your future forwarding address?

Postcode _____

Phone number () _____ Mobile _____

Fax number () _____

e-mail _____

4. Please detail below the Total Remuneration for the cancelled location(s) or registration for the current financial year for which you were employing.

Location No.	Period of Operation (this financial year)	Total Remuneration (refer definition)	WorkCover Levy Rate	Calculated Levy
	to	\$ -00	%	\$ -
	to	\$ -00	%	\$ -
	to	\$ -00	%	\$ -
	to	\$ -00	%	\$ -
	to	\$ -00	%	\$ -
Total A				\$ -
Less Rebate (if applicable)				\$ -
Total B				\$ -
Plus GST (% of B)				\$ -
Plus OHS&W Govt Reg Fee (% of A)				\$ -
Total C				\$ -
Less AMOUNT PAID				\$ -
AMOUNT PAYABLE				\$ -

Please Note: Minimum Levy applies



Application to provide Additional Location Details

Workers Rehabilitation & Compensation Scheme - South Australia

**YOU MUST REGISTER WITHIN 14 DAYS OF EMPLOYING A WORKER
 PLEASE SUPPLY, IN WRITING, REASON(S) IF YOU ARE REGISTERING AFTER
 THE 14 DAY PERIOD - A PENALTY MAY APPLY.**

Use this form to provide additional location details to the WorkCover Corporation in regard to your registration as an employer for WorkCover purposes.

If you have moved your business activity from your currently registered location to a new location, or closed a business or location use the form 'Amend Employer Registration'. For further information contact the WorkCover Corporation.

Please complete the form in **BLOCK LETTERS** using a black pen

WorkCover Employer Number

Do you employ any worker who is (or is to be) usually employed outside South Australia? No Yes

Workers who usually work in another State or Territory may not be covered under the South Australian legislation. You should consider arranging coverage in the appropriate State or Territory.

1. Why are you registering this location?

(Please tick one box only)

- Purchased existing location
- Purchased existing business
- Takeover
- Merger
- Changed Legal Status
- Set up your own new business/location
- Other

Please provide details

If you have purchased an existing location, changed legal status or merged, please provide the following information:

Previous employer name

Their WorkCover Corporation Registration Number(s)

Location Number(s) Phone Number
 ()

Their Australian Business Number

2. When did/will you start employing at this location?

Date: / /

3. Address of location

Please provide full address (not a post office box). For farms, include road name, or if no road name, Sections and Hundred. (For workers working on various sites, only a base location is required.)

 Postcode

4. Trading name used by the employer at this location (if applicable)

5. Australian Business Number to be used for this location

6. Contact person at this location

Give details of the person WorkCover Corporation should talk to if we have any questions about the location (not your Accountant/Solicitor).

Name

Position/Title

Phone number () Mobile

Fax number ()

e-mail

Office use only	Date form received:	Registration No:	SAWIC Code:
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Workers Rehabilitation and Compensation (Claims and Registration) Regulations 1999—11.8.2005 to 7.4.2006

Schedule 3—Application forms

7. **Business of employer at this workplace/location**
 This information will help us to assign the correct industry classification which determines the levy rate.

(a) What is the ONE MAIN TYPE of goods produced or service provided by the business at this location?

--

(b) Describe the different types of work (activities) carried out at this location.
 If you need more space, attach a sheet.

8. **Give details of the NUMBER of workers who will be or are employed in each occupation at this location.**
 Include working directors. Do not include people listed as the employer (i.e. partners or sole-proprietors).
 Estimate the total gross remuneration (including wages, benefits and other payments) which will be paid to workers at this location for a 12 month period.
 (This estimate is used to assist in determining the frequency of your levy payments, e.g. monthly or annually in arrears)

Occupation	Full-time (35 hrs or more a week) Includes permanent, casual and seasonal	Part-time (less than 35 hrs a week) Includes permanent, casual and seasonal	Gross Remuneration (including wages, superannuation, leave payments, directors fees, other allowances and monetary benefits.)
Total Gross Remuneration			

DECLARATION

Before completing this declaration, please make sure you have answered each question as it applies to your business and have attached any 'Additional Location Details' forms or any other attachments.

To provide false or misleading information is a serious offence under the Workers Rehabilitation and Compensation Act, 1986 which can involve you incurring a significant penalty of up to \$50,000.

I declare that the information I have given on this form and any attached sheets is complete and correct.

Signature of employer,
 Public Officer or authorised person

--

Date

/	/	/
---	---	---

Name

--

(Block letters)

Return your completed form(s) to WorkCover Corporation by:

Mail	In person	Fax
GPO Box 2668	OR 100 Waymouth St	OR (08) 8233 2990
Adelaide SA 5001	Adelaide SA 5000	

(7.4.2006/99)

Part 2—Additional information that must accompany an application for registration as an exempt employer or group of exempt employers

2—Financial information

The applicant must provide—

- (a) a copy of the audited financial statements of the applicant for the last five financial years immediately preceding the application;
- (b) a statement, prepared by an actuary, of the liabilities that an employer would be undertaking over the first 12 months if the applicant were registered as an exempt employer;
- (c) details of the financial guarantee or other security arrangements, and the contract of insurance, that the applicant would obtain for the purposes of Schedule 4 if the applicant were registered as an exempt employer.

3—Claims administration

The applicant must provide a detailed plan of the arrangements that the applicant would implement to administer claims under the Act, which must include details of—

- (a) the job specifications of the officers who would be responsible for administering the claims; and
- (b) the lines of accountability and control that would apply to those officers; and
- (c) the policies that would be adopted for the rehabilitation of disabled workers; and
- (d) the arrangements that would be implemented for the making of claims under the Act,

and a copy of any form that the applicant would require a claimant to complete must accompany the plan.

4—Claims record

The applicant must, in relation to the period of five financial years immediately preceding the application, provide details of—

- (a) the disabilities arising from employment that the applicant's workers have suffered over that period, identifying those disabilities according to—
 - (i) nature and severity; and
 - (ii) cause; and
- (b) the rehabilitation programs that the applicant has provided over that period for disabled workers; and
- (c) the success that the applicant has achieved over that period in returning workers who have suffered disabilities to work.

5—Safety policies

The applicant must provide—

- (a) a copy of any safety policy that has been adopted by the applicant;
- (b) details of any programs that the applicant has implemented, or proposes to implement, to train workers in safe working procedures;
- (c) details of the facilities and arrangements that the applicant has for providing first aid to workers;
- (d) details of any safety committees that have been established by the applicant, and a copy of any minutes kept from meetings held by those committees over the period of six months immediately preceding the application.

6—Details of registered associations

The applicant must provide the name of any registered association of which any worker employed by the applicant is a member.

Part 3—Additional information that must accompany an application for registration as a self managed employer or group of self managed employers

7—Corporate structure

The applicant must provide details of the corporate structure of the applicant (being either an employer or a group of employers) sufficient to enable the Corporation to satisfy itself about the corporate relationships within the applicant (or the group).

8—Administration

The applicant must provide a detailed plan of the arrangements that the applicant would implement to administer claims under the Act, which must include details of—

- (a) the job specifications of the officers who would be responsible for administering the claims; and
- (b) the lines of accountability and control that would apply to those officers; and
- (c) the policies and procedures that would be adopted for the rehabilitation of disabled workers; and
- (d) the arrangements that would be implemented for the making of claims under the Act,

and, if the applicant proposes that claimants would be required to complete any form that would be additional to the forms required under the Act, a copy of any such additional form must accompany the plan.

9—Registered associations

The applicant must provide the name of any registered association of which any worker employed by the applicant is a member or, if the applicant is unaware of any of its workers being members of a registered association, the applicant must provide the name of any registered association which would normally be expected to represent the industrial interests of workers employed in the type of work undertaken by the applicant.

Schedule 4—Exempt employers terms and conditions of registration

- 1 The employer must ensure that forms for making a claim under the Act, in a form approved by the Corporation, are reasonably available to the employer's workers.
- 2 The employer must ensure that all claims under the Act are promptly and efficiently investigated and determined.
- 3 The employer must ensure that any benefit to which a worker is entitled under the Act is—
 - (a) provided promptly; and
 - (b) periodically reviewed in accordance with the Act.
- 4 (1) The employer must ensure that a prompt assessment is made of whether a rehabilitation program would be of assistance to a worker who has suffered a compensable disability and, if required, ensure that an appropriate rehabilitation program is provided for the worker.
 - (2) If the Corporation considers that an appropriate rehabilitation program is not being provided to a worker who has suffered a compensable disability, the employer must—
 - (a) allow the Corporation to establish a rehabilitation program for the worker; and
 - (b) reasonably co-operate with any rehabilitation adviser in the implementation of that program.
- 5 The employer must ensure, so far as is reasonably practicable, that up to date programs that are designed to prevent or reduce the incidence of compensable disabilities are established and maintained at places where the employer's workers work.
- 6 The employer must, as soon as practicable after the receipt of a claim under the Act, estimate the employer's expected liability on the claim.
- 7 (1) In this clause—

reporting period means a period of seven days or such longer period, not exceeding 14 days, agreed between the Corporation and the relevant employer from time to time.

 - (2) The employer must, in respect of each reporting period, provide the following information to the Corporation:
 - (a) Employer details:
 - (i) the name of the employer;

- (ii) the name used by the employer at the location to which the report relates;
 - (iii) the Employer Registration Number;
 - (iv) the relevant Location Number;
 - (v) the relevant Location Address;
- (b) Particulars relating to each new claim received by the employer during the reporting period:
- (i) the claim number assigned by the employer;
 - (ii) the full name of the worker;
 - (iii) the sex of the worker;
 - (iv) the date of birth of the worker;
 - (v) the language usually spoken at home by the worker;
 - (vi) the worker's country of birth;
 - (vii) whether the worker is employed on a full time or part time basis by the employer;
 - (viii) whether the worker is employed on a permanent or casual basis by the employer;
 - (ix) the occupation of the worker at the time of the disability (including, if the worker is an apprentice, making specific reference to that fact);
 - (x) the main tasks usually performed by the worker in the stated occupation;
 - (xi) the normal hours, and days per week, worked by the worker;
 - (xii) the date on which the worker commenced employment with the employer;
 - (xiii) the activity being undertaken by the worker at the time of the occurrence of the disability;
 - (xiv) the date of the occurrence of the disability;
 - (xv) the time of day at which the disability occurred (so far as is known to the employer);
 - (xvi) the date on which the employer was first notified of the disability;
 - (xvii) the apparent cause of the disability;
 - (xviii) a description of the disability;
 - (xix) a statement as to the parts of the worker's body affected by the disability;
 - (xx) the date on which the worker ceased work (if incapacitated for work);
 - (xxi) if relevant, the date of death of the worker;
 - (xxii) an estimate of the costs associated with the claim;

- (xxiii) the date on which the occurrence of the disability, or the incident that caused the disability, was reported to the Department for Administrative and Information Services (if applicable);
 - (c) Particulars relating to each claim that is open during any part of the reporting period:
 - (i) the WorkCover reference number;
 - (ii) sufficient details to allow the worker and the claim to be identified;
 - (iii) the status of the claim (eg, accepted, rejected, undetermined, finalised, reopened);
 - (iv) the total time lost from work by the worker during the relevant period (if any);
 - (v) a date for the resumption of work (if known), and whether on normal or alternative duties;
 - (d) Particulars relating to each claim on which action has occurred during the period, including details of any changes and, if relevant, the latest totals of payments in the following categories:
 - (i) income maintenance;
 - (ii) medical and other health-care expenses (other than hospital expenses);
 - (iii) hospital expenses;
 - (iv) rehabilitation;
 - (v) lump sum payments for non-economic loss;
 - (vi) payments made under a liability at common law;
 - (vii) redemption payments under section 42 of the Act;
 - (viii) payments for loss of future earning capacity under section 42A of the Act (including relevant start and end dates);
 - (ix) commutation payments under section 44 of the Act;
 - (x) legal costs;
 - (xi) investigative costs;
 - (xii) travel costs;
 - (xiii) other costs;
 - (xiv) amounts recovered from third parties;
 - (e) Other information reasonably required by the Corporation.
- (3) For the purposes of subregulation (2)—
- (a) the information must be provided in a manner and form (including by electronic means), and at a time, determined by the Corporation;
 - (b) the Corporation may, from time to time—

- (i) by notice in writing, waive or postpone the obligation to comply with the requirements of that subregulation, either for an individual exempt employer or for exempt employers of a specified class, subject to conditions (if any) determined by the Corporation;
 - (ii) on giving reasonable notice (by further notice in writing), vary or revoke the operation of a notice under subparagraph (i), or vary, revoke or substitute a condition that applies under that subparagraph.
- 8 (1) The employer must deliver to the Corporation—
 - (a) within the prescribed period after the end of each financial year of the employer—an audited copy of the employer's financial statements for that financial year; and
 - (b) within three months after the end of each financial year of the employer—an actuarial report on the outstanding liabilities of the employer under the Act, as at the end of that financial year.
- (2) For the purposes of this clause, the financial years of an employer are successive periods, not exceeding 12 months, determined by the employer to be the employer's financial years or, in the absence of such a determination, each period of 12 months ending on the thirtieth day of June.
- (3) In this clause—

prescribed period means—

 - (a) in relation to an employer that is a company incorporated under the *Corporations Law*—the period within which the company must lodge an annual return with the Australian Securities and Investments Commission under that law for the relevant financial year; or
 - (b) if paragraph (a) does not apply—three months.
- 9 (1) The employer must at all reasonable times allow an authorised officer to examine—
 - (a) the accounting and other records of the employer; and
 - (b) any system or facility used by the employer in connection with acting as an exempt employer under the Act.
- (2) The employer must provide such assistance as may be reasonably required to facilitate an examination referred to in subclause (1).
- (3) The employer must, at the request of a person carrying out an examination referred to in subclause (1), provide any explanations, information or assistance that the person may reasonably require for the purposes of the examination.
- (4) The employer must comply with any written notice served on the employer by an authorised officer requiring the employer to exercise or perform a power or function of the employer under the Act in accordance with the Act.
- 10(1) The employer must ensure that there is in force at all times a guarantee given by a financial institution to or in favour of the Corporation which—
 - (a) guarantees the payment of an amount to the Corporation in the event that the employer becomes insolvent or ceases to be an exempt employer; and
 - (b) complies with subclause (3).

- (2) The amount guaranteed by a guarantee entered into for the purposes of subclause (1)—
- (a) must be an amount, at least equal to the prescribed sum, determined by the Corporation to be reasonable for the purposes of this provision after taking into account the principle that a scaling factor of 1.5 should be applied to—
 - an actuarial estimate of the value of the current and contingent liabilities of the employer under the Act at the time of the determination (whether or not claims have been made with respect to those disabilities); plus
 - an actuarial estimate of the value of the liabilities of the employer as an exempt employer under the Act in respect of compensable disabilities attributable to traumas expected to arise from employment by the employer over the ensuing period of 12 months; less
 - an actuarial estimate of the amounts expected to be paid out by the employer under the Act over the ensuing period of 12 months; and
 - (b) must be reviewed annually.
- (3) A guarantee complies with this subclause if—
- (a) the guarantee is given by a financial institution which has a credit rating at least equal to a standard set by the Corporation for the purposes of this provision and which is specifically approved by the Corporation as a financial institution which can give guarantees under this clause; and
 - (b) the guarantee is in a form, and for a term, approved by the Corporation.
- (4) A financial institution cannot give a guarantee under subclause (1) if the financial institution and the employer are related corporations.
- (5) The Corporation and an employer may agree to enter into and maintain an arrangement that will apply in substitution for a guarantee under this clause if the Corporation is satisfied that the arrangement provides adequate and appropriate security to the Corporation in case the employer becomes insolvent or ceases to be an exempt employer and, in the event of such an agreement, the employer is not (while the agreement remains in force) required to comply with a preceding subclause.
- (6) In this clause—
- financial institution*** means—
- (a) an ADI; or
 - (b) a person whose sole or principal business is the provision of financial services;
- prescribed sum*** means—
- (a) in respect of an amount that is to apply to a period that corresponds to, or ends during, 1999—\$520 000;

- (b) in respect of an amount that is to apply to a period that corresponds to, or ends during, a subsequent year—a sum (calculated to the nearest multiple of \$10 000) that bears to \$520 000 the same proportion as the Consumer Price Index for the September quarter of the immediately preceding financial year bears to the Consumer Price Index for the September quarter, 1998;

related corporations has the same meaning as in section 60(9) of the Act.

- 11 The employer must ensure that there is in force at all times a contract of insurance, in a form approved by the Corporation, for an amount approved by the Corporation, in excess of an amount approved by the Corporation, against any liability of the employer that may arise under the Act as a result of the occurrence of one event or series of events during the period of the contract.
- 12 In relation to an employer that is a company incorporated under the *Corporations Law*—
 - (a) the employer must immediately give the Corporation written notice of the commencement of any procedure to liquidate or wind up the employer; and
 - (b) the employer must, within five business days, give the Corporation written notice of—
 - (i) the commencement of steps to merge or take over the employer or the undertaking of the employer; or
 - (ii) a change in the board of directors of the employer that substantially changes the management of the employer; or
 - (iii) a relocation of the undertaking of the employer; or
 - (iv) the purchase or sale of any asset that materially changes the financial position of the employer, the composition of its workforce or the nature of the work undertaken by its workers; or
 - (v) any other action that significantly affects the employer's ability to meet its liabilities under the Act.
- 13 The employer must ensure that all documentation that relates to a claim against the employer under the Act is retained for at least six years after the claim is finalised.
- 14(1) The employer must, in carrying out its functions under the Act, take into account the racial, ethnic and linguistic diversity of the employer's workforce, the interests of both sexes, and the interests of those who may be physically, mentally or intellectually impaired, and must ensure that those of the employer's workers who are entitled to benefits under the Act are not disadvantaged because of their origins or background, their sex, or some physical, mental or intellectual impairment.
- (2) The employer should, as far as reasonably practicable, ensure that information provided for use in the workplace is in a language and form appropriate for those expected to make use of it.
- 15 This Schedule applies to—
 - (a) exempt employers who are registered under section 60 of the Act; and
 - (b) exempt employers who are deemed to be registered under the Act by virtue of Schedule 1 to the Act.

Schedule 5—Section 105—insurance of employers terms and conditions

- 1 In this Schedule—

claim means a claim against an employer in respect of which the employer is insured by virtue of section 105 of the Act.
- 2 If the employer becomes aware of the occurrence of a compensable disability that is likely to give rise to a claim against the employer, the employer must, within five business days, forward to the Corporation written notice of the disability.
- 3 If a claim is made against the employer, the employer must immediately forward the claim to the Corporation.
- 4 The employer must provide any assistance that the Corporation reasonably requires to assist the Corporation—
 - (a) in investigating, determining, defending or settling a claim;
 - (b) in preparing, conducting, defending or settling any proceedings in respect of a claim.
- 5 The employer must sign any authority or other document required by the Corporation for the purpose of—
 - (a) investigating, determining, defending or settling a claim;
 - (b) preparing, conducting, defending or settling any proceedings in respect of a claim, (and if the employer fails to sign the authority or other document, the Corporation may do so on the employer's behalf).
- 6 The employer must not incur any expense, enter into any litigation, make any settlement or admit any liability in respect of a claim without the written authority of the Corporation.
- 7 The Corporation may, for any purpose related to any liability or potential liability pursuant to section 105 of the Act—
 - (a) take over and control any proceedings in respect of a claim on behalf of the employer;
 - (b) conduct and defend any proceedings, and, if appropriate, admit liability, in the name of, and on behalf of, the employer;
 - (c) settle any claim or proceedings against the employer;
 - (d) issue and conduct proceedings in the name of the employer against any other person who may also be liable in respect of the compensable disability.
- 8 To the extent that the Corporation acts on behalf of the employer in any proceedings, the employer is indemnified by the Corporation against all costs and expenses of or incidental to the proceedings.
- 9 If at the time of the occurrence of the compensable disability other insurance also covers the liability in respect of which the Corporation provides insurance pursuant to section 105 of the Act, the Corporation is only liable to pay a pro rata share of any amount recoverable from the employer in respect of the disability (and may, if it is appropriate, exercise a right of contribution against any other insurer).

Schedule 6—Section 61—agencies and instrumentalities of the Crown

Part 1—Bodies permanently prescribed as agencies or instrumentalities of the crown

Aboriginal Health Council
Adelaide and Mount Lofty Ranges Regional NRM Board
Adelaide Central Community Health Centre
Adelaide Convention Centre
Alinytjara Wilurara Regional NRM Board
Balaklava and Riverton Districts Health Service Inc.
Barossa Area Health Services Inc.
Booleroo Centre District Hospital Inc.
Bordertown Memorial Hospital Inc.
Burra Clare Snowtown Health Service
Ceduna Hospital Inc.
Ceduna-Koonibba Aboriginal Health Service Inc.
Central Eyre Peninsula Hospital Inc.
Child and Youth Health
Cleve District Health and Aged Care Inc.
Coober Pedy Hospital Inc.
Cowell Community Health and Aged Care Inc.
Crystal Brook District Hospital Inc.
Cummins and District Memorial Hospital Inc.
Drug & Alcohol Services Council
Elliston Hospital Inc.
Eudunda and Kapunda Health Service Inc.
Eyre Peninsula Regional NRM Board
Eyre Regional Health Service Inc.
Fire Equipment Services
Flinders Medical Centre Inc.
Frontier Services
Funds SA
Gawler Health Service Inc.
Gladstone and District Community Health and Welfare Centre
Hawker Memorial Hospital Inc.
Hills Mallee Southern Regional Health Service
Homestart Finance
Independent Living Centre
Institute of Medical and Veterinary Services
Intellectual Disability Services Council
Julia Farr Centre
Kangaroo Island Health Service
Kangaroo Island Regional NRM Board
Karoonda & District Soldiers' Memorial Hospital Inc.
Kimba District Hospital Inc.
Kingston Soldiers' Memorial Hospital Inc.

Lameroo District Health Services Inc.
Laura & Districts Hospital Inc.
Leigh Creek South Hospital Inc.
Loxton Hospital Complex Inc.
Meningie & Districts Memorial Hospital and Health Service Inc.
Mid-North Regional Health Service Inc.
Mid-West Health & Aged Care Inc.
Millicent & District Hospital and Health Service Inc.
Minda Inc.
Modbury Hospital Inc.
Motor Accident Commission
Mt Barker District Soldiers' Memorial Hospital Inc.
Mt Gambier and Districts Health Services Inc.
Naracoorte Hospital & Health Service Inc.
Noarlunga Health Services Incorporated
North West Adelaide Health Service
North West Health Services QEH Campus
Northern Adelaide and Barossa CWMB
Northern Adelaide Hills Health Service Inc.
Northern and Far Western Regional Health Service Inc.
Northern and Yorke Regional NRM Board
Northern Metropolitan Community Service
Northern Yorke Peninsula Regional Health Service Inc.
Office of Catchment Water Management Board
Onkaparinga CWMB
Orroroo and District Health Service Inc.
Penola War Memorial Hospital Inc.
Peterborough Soldiers' Memorial Hospital and Health Service Inc.
Pika Wiya Health Service Inc.
Pinnaroo Soldiers' Memorial Hospital Inc.
Planning SA
Playford Centre
Port Augusta Hospital and Regional Health Services Inc.
Port Broughton District Hospital and Health Service Inc.
Port Lincoln Health Services Inc.
Port Pirie Regional Health Service Inc.
Quorn & District Memorial Hospital Inc.
Racing Industry Development Authority
Renmark Paringa District Hospital Inc.
Repatriation General Hospital Inc.
Riverland Health Authority
Riverland Regional Health Service Inc.
River Murray CWMB
Royal Society for the Blind of SA Inc.
Royal District Nursing Society of SA Inc.
Royal Adelaide Hospital Inc.
S.A. Dental Service
S.A. Ambulance Service
South Australian Arid Lands Regional NRM Board
South Australian Murray Darling Basin regional NRM board

South Coast District Hospital Inc.
South East CWMB
South East Regional Health Service Inc.
South East Regional NRM Board
Southern Domiciliary Care & Rehabilitation Service
Southern Yorke Peninsula Health Service
St Margaret's Hospital Inc.
Strathalbyn & District Soldiers' Memorial Hospital and Health Service
Streaky Bay Hospital Inc.
Tailem Bend District Hospital
The Jamestown Hospital and Health Service Inc.
The Mannum District Hospital Inc.
The Murray Bridge Soldiers' Memorial Hospital Inc.
The Whyalla Hospital & Health Service Inc.
Tumby Bay Hospital and Health Service Inc.
Waikerie Hospital and Health Services Inc.
Wakefield Regional Health Service
Women's & Children's Hospital

Part 2—Bodies temporarily prescribed as agencies or instrumentalities of the Crown

Bodies prescribed as agency or instrumentality of the Crown	Period for which regulation prescribing body has effect
Utilities Management Pty Ltd (ACN 090 664 878)	28 January 2000 to 28 January 2001
Power Traders Pty Ltd (ACN 091 105 092)	28 January 2000 to 28 January 2001
TXU (No. 4) Pty Ltd (ACN 081 074 197)	6 June 2000 to 6 June 2001
NRG Flinders Operating Services Pty Ltd (ACN 094 130 837)	8 September 2000 to 8 September 2001
Bluemint Pty Ltd (ACN 094 482 416)	31 October 2000 to 31 October 2001
The Flinders University of South Australia	30 September 1990 to 30 June 2006
University of Adelaide	30 September 1990 to 30 June 2006
University of South Australia	1 January 1991 to 30 June 2006

Legislative history

Notes

- Variations of this version that are uncommenced are not incorporated into the text.
- Please note—References in the legislation to other legislation or instruments or to titles of bodies or offices are not automatically updated as part of the program for the revision and publication of legislation and therefore may be obsolete.
- Earlier versions of these regulations (historical versions) are listed at the end of the legislative history.
- For further information relating to the Act and subordinate legislation made under the Act see the Index of South Australian Statutes.

Legislation revoked by principal regulations

The *Workers Rehabilitation and Compensation (Claims and Registration) Regulations 1999* revoked the following:

*Workers Rehabilitation and Compensation (Claims and Registration)
Regulations 1987*

Principal regulations and variations

New entries appear in bold.

Year	No	Reference	Commencement
1999	241	<i>Gazette 25.11.1999 p2764</i>	1.12.1999: r 2
2000	5	<i>Gazette 27.1.2000 p521</i>	27.1.2000: r 2
2000	20	<i>Gazette 16.3.2000 p1474</i> , republished <i>Gazette 16.3.2000 p1481</i>	16.3.2000: r 2
2000	27	<i>Gazette 13.4.2000 p2170</i>	13.4.2000: r 2
2000	30	<i>Gazette 28.4.2000 p2357</i>	1.5.2000: r 2
2000	34	<i>Gazette 4.5.2000 p2445</i>	4.5.2000: r 2
2000	124	<i>Gazette 1.6.2000 p3017</i>	1.6.2000: r 2
2000	230	<i>Gazette 7.9.2000 p1772</i>	7.9.2000: r 2
2000	254	<i>Gazette 26.10.2000 p2827</i>	26.10.2000: r 2
2000	268	<i>Gazette 23.11.2000 p3326</i>	1.1.2001: r 2
2002	183	<i>Gazette 26.9.2002 p3538</i>	26.9.2002: r 2
2003	147	<i>Gazette 12.6.2003 p2500</i>	12.6.2003: r 2
2004	176	<i>Gazette 19.8.2004 p3318</i>	19.8.2004: r 2
2004	204	<i>Gazette 23.9.2004 p3708</i>	23.9.2004: r 2
2005	154	<i>Gazette 30.6.2005 p2239</i>	Pt 11 (r 16)—1.7.2005: r 2
2005	177	<i>Gazette 11.8.2005 p3014</i>	11.8.2005: r 2
2005	260	<i>Gazette 8.12.2005 p4212</i>	8.4.2006: r 2

Provisions varied

New entries appear in bold.

Entries that relate to provisions that have been deleted appear in italics.

Provision	How varied	Commencement
<i>rr 2 and 3</i>	<i>omitted under the Legislation Revision and Publication Act 2002</i>	<i>19.8.2004</i>
r 5		
r 5(8)	substituted by 183/2002 r 3 (h) deleted by 176/2004 r 4	26.9.2002 19.8.2004
r 5(11) and (12)	substituted by 204/2004 r 4	23.9.2004
r 10		
r 10(1)	r 10 redesignated as r 10(1) by 5/2000 r 3	27.1.2000
r 10(2)	inserted by 5/2000 r 3	27.1.2000
r 11		
r 11(1)	varied by 27/2000 r 3(a)	13.4.2000
r 11(5)	inserted by 27/2000 r 3(b)	13.4.2000
r 12		
r 12(1)	r 12 redesignated as r 12(1) by 20/2000 r 3	16.3.2000
r 12(2)	inserted by 20/2000 r 3	16.3.2000
r 13	varied by 34/2000 r 3	4.5.2000
Sch 1	heading substituted by 147/2003 Sch 1	12.6.2003
Sch 2	substituted by 268/2000 r 3 heading substituted by 147/2003 Sch 1	1.1.2001 12.6.2003
Sch 3	heading substituted by 147/2003 Sch 1	12.6.2003
Pt 1	substituted by 30/2000 r 3 heading substituted by 147/2003 Sch 1	1.5.2000 12.6.2003
cl 1	inserted by 147/2003 Sch 1	12.6.2003
Pt 2		
cl 2	cl 1 redesignated as cl 2 by 147/2003 Sch 1	12.6.2003
cl 3	cl 2 redesignated as cl 3 by 147/2003 Sch 1	12.6.2003
cl 4	cl 3 redesignated as cl 4 by 147/2003 Sch 1	12.6.2003
cl 5	cl 4 redesignated as cl 5 by 147/2003 Sch 1	12.6.2003
cl 6	cl 5 redesignated as cl 6 by 147/2003 Sch 1	12.6.2003
Pt 3	inserted by 27/2000 r 4	13.4.2000
cl 7	cl 1 varied and redesignated as cl 7 by 147/2003 Sch 1	12.6.2003
cl 8	cl 2 varied and redesignated as cl 8 by 147/2003 Sch 1	12.6.2003
cl 9	cl 3 varied and redesignated as cl 9 by 147/2003 Sch 1	12.6.2003
Sch 6		
Pt 1	heading inserted by 5/2000 r 4(a) varied by 154/2005 r 16(1)—(7)	27.1.2000 1.7.2005

**11.8.2005 to 7.4.2006—Workers Rehabilitation and Compensation (Claims and Registration)
Regulations 1999**
Legislative history

Pt 2	inserted by 5/2000 r 4(b)	27.1.2000
	varied by 124/2000 r 3	1.6.2000
	varied by 230/2000 r 3	7.9.2000
	varied by 254/2000 r 3	26.10.2000
	varied by 177/2005 r 4	11.8.2005

Historical versions

Reprint 1—27.1.2000
Reprint 2—16.3.2000
Reprint 3—1.5.2000
Reprint 4—4.5.2000
Reprint 5—1.6.2000
Reprint 6—7.9.2000
Reprint 7—26.10.2000
Reprint 8—1.1.2001
Reprint 9—26.9.2002
Reprint 10—12.6.2003
19.8.2004
23.9.2004
1.7.2005