WORKSITE INVESTIGATIONS

SURVEILLANCE INVESTIGATION REFERRAL FORM

CLIENT DETAILS

Organisation							
First name				**Surname**			
Position / role				**Direct phone**			
Email							
Postal address							
Claim / reference no.							
Date of incident	*day*	*month*	*year*	**Date requested** *(today's date)*	*day*	*month*	*year*

Please fill in the below table with as much information as possible to assist our investigation

Investigation type	☐ *Workers compensation*	☐ *Public liability*	☐ *Private*

CLAIMANT DETAILS

Gender	☐ *Male*	☐ *Female*					
First name				**Surname**			
Date of birth	*day*	*month*	*year*	**Position / role**			
Direct phone				**Email**			

Postal address					
Social media accounts?	☐ *Facebook*	☐ *Twitter*	☐ *MySpace*	☐ *Instagram*	*Other*
Description of claimant (please attach a photograph if available)					
Marital status	☐ *Married*	☐ *Separated*	☐ *Divorced*	☐ *Single*	
Children	☐ *Yes*	☐ *No*	*If so, how many?*		
Further information (i.e. known hobbies / activities / frequent locations)					

VEHICLE DETAILS

Does the claimant have a vehicle?	☐ *Yes*	☐ *No*					
Registration				**Make**			
Model				**Colour**			

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EMPLOYER DETAILS

Organisation			
First name		**Surname**	
Position / role		**Direct Phone**	
Email			
Postal address			

INJURY DETAILS

Date of injury	*day*	*month*	*year*	
Circumstances of injury				
What do their restrictions encompass?				
Is the Claimant currently working?	☐ *Yes*	☐ *No*		
If so what is his/her current roster (hours and days?	*Hours*	*Days*		
If not, what date are they unfit until?	*day*	*month*	*year*	

SPECIFIC INSTRUCTIONS

Hours requested (i.e. 15, 20, 30 hours, other)							
Do you require a factual investigation to be undertaken also?	☐ *Yes*	☐ *No*					

Please indicate the supporting material you will supply. **NOTE:** Once you *submit* this referral form you will be prompted to attach your supporting material to an email, which will be sent to Worksite.

Attachments	☐ *Initial notification of incident*	☐ *Medical documentation*	☐ *WorkCover Medical certificates*	☐ *Photographs*	☐ *Statements taken*	*Other*
Any other comments						

PLEASE HIT THE SUBMIT BUTTON BELOW TO EMAIL THIS FORM, ALONG WITH ANY OTHER SUPPORTING INFORMATION TO info@worksite.net.au OR SEND VIA FAX ON 02 9807 7199 INCLUDING YOUR CLAIM REFERENCE NUMBER

SUBMIT