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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | health & safetyUniversity additional information Claim Form |

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| The information in this form will be processed with your WorkCover Claim. It is used to ensure that:* (where applicable) you are correctly compensated; and
* ongoing contact with you and/or your supervisor is effective.

For further information or to contact the Workplace Accessibility and Injury Support team refer to [Worker’s Compensation and Injury Management](https://safety.unimelb.edu.au/workplace-accessibility-and-injury-support). |

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| **Employee Details** |
| Name |       | **PSC level/Academic level** |       |
| Position title |       |
| Employment status | **Best contact details** |
| Contract [ ]  Casual [ ] Part-time [ ]  Continuing [ ]  | Phone/mobile:       |
| Email:       |

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| **Location Details** |
| Faculty/School |       | Department |       |
| Department address |       |
| Supervisor | **Supervisor best contact:** |
|       | Phone/mobile:       |
| Email:       |

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| **Treatment** |
| **Type of Treatment to date** |       |
| **Number of Sessions to date**: |       |
| **Name & Contact details of Treatment Clinic(s)** |       |

| **PRIVACY STATEMENT**The University has collected personal information and health information about you in this form for purposes related to administering your employment at the University, and to ensure compliance with relevant laws, including workers’ compensation and equal opportunity laws. The University must comply with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic) when collecting, using or disclosing personal or health information. For more information refer to [Privacy at the University of Melbourne](https://about.unimelb.edu.au/strategy/governance/compliance-obligations/privacy) and the University of Melbourne [Privacy Policy](http://policy.unimelb.edu.au/MPF1104). |
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