



File: T&F21/0668
A1988451

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<http://www.treasury.sa.gov.au>
ABN 19 040 349 865

6 September 2021

Gabriel Polychronis
The Advertiser
31 Waymouth Street
ADELAIDE SA 5000

Sent via email: gabriel.polychronis@news.com.au

Dear G Polychronis

Freedom of Information – Complaints in the Office of John Darley MLC

I refer to your application under the *Freedom of Information Act 1991* (FOI Act), received by the Department of Treasury and Finance (DTF) on 7 July 2021

Your application specifically requested:

'Any document that refers to complaints or concerns expressed by employees who have worked in the office of John Darley MLC about the behaviour of John Darley MLC. Date Range: 19/03/2018 to 05/07/2021'

Under the Act, an agency has 30 days to respond to a freedom of information request. As DTF did not respond to your request within the time frame required, the department is deemed to have refused you access to all documents relevant to your application. However, I have determined to process the request as if the statutory time frame had been met.

The purpose of this letter is to advise you of my determination.

A total of 53 documents were identified as answering the terms of your application and I have determined as follows:

- I grant you access in full to 3 documents, copies of which are enclosed, and
- I refuse you access to 50 documents.

Please refer to the attached schedule that describes each document and sets out my determination and reasons in summary form.

Documents released in full

Documents 18 - 20

Documents refused in full

Documents 1 – 17, 21 – 25, 27 – 28, 31 – 39, 41 – 44, 46 - 53

These documents consist of information relating to the personal affairs of third parties. Under clause 6(1) of Schedule 1 to the Act, a document is exempt if its disclosure would involve the 'unreasonable disclosure of information concerning the personal affairs of any person'. This

information falls within the definition of personal affairs under the Act and is therefore exempt from release pursuant to clause 6(1).

Documents 23, 26, 28 - 30, 40, 42 – 43, 45

Under clause 10(1) of Schedule 1 to the FOI Act, information is exempt from disclosure if it would be privileged from production on the ground of legal professional privilege. These documents contain legal advice provided to the government by its legal advisor, the Crown Solicitor, information which is subject to legal professional privilege. I have therefore determined to remove these sections pursuant to clause 10(1).

Exemptions

Clause 6 – Documents affecting personal affairs

- (1) *A document is an exempt document if it contains matter the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of any person (living or dead).*

Clause 10 – Legal Professional Privilege

- (1) *A document is an exempt document if it contains matter that would be privileged from production in legal proceedings on the ground of legal professional privilege.*

Please note, in compliance with Premier and Cabinet Circular PC045 - *Disclosure Logs for Non-Personal Information Released through Freedom of Information* (PC045), DTF is now required to publish a log of all non-personal information released under the *Freedom of Information Act 1991*.

In accordance with this Circular, any non-personal information determined for release as part of this application, may be published on the DTF website. A copy of PC045 can be found at the following address: <http://dpc.sa.gov.au/what-we-do/services-for-government/premier-and-cabinet-circulars> Please visit the website for further information.

Appeal Rights

If you are aggrieved with this determination, you have a right to apply for internal review under subsection 29(1) of the FOI Act. Pursuant to subsection 29(2), your application must:

- be in writing
- be accompanied by the application fee of \$38.25
- be addressed to the principal officer, and
- be lodged at an office of DTF, or emailed to freedomofinformation2@sa.gov.au within 30 days after the day on which you receive this letter or within such further time as the principal officer may allow.

If you require any further information please phone Natalie Haigh on (08) 8429 0839.

Yours sincerely



Maria Ross
ACCREDITED FREEDOM OF INFORMATION OFFICER

Schedule of Documents

T&F21/0668 - GABRIEL POLYCHRONIS - " Any document that refers to complaints or concerns expressed by employees who have worked in the office of John Darley MLC about the behaviour of John Darley MLC."

Doc. No.	Date	Description of Document	# of pages	Determination	Exemption Clause
1	3/06/2020	Email	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
2	3/06/2020	Attachment to 1	2	Refused in full	6(1) - Unreasonable disclosure of personal affairs
3	4/06/2020	Email	7	Refused in full	6(1) - Unreasonable disclosure of personal affairs
4	4/06/2020	Attachment to 1 - Duplicate of document 2	2	Refused in full	6(1) - Unreasonable disclosure of personal affairs
5	4/06/2020	Email	2	Refused in full	6(1) - Unreasonable disclosure of personal affairs
6	17/06/2020	Email	11	Refused in full	6(1) - Unreasonable disclosure of personal affairs
7	19/06/2020	Email	2	Refused in full	6(1) - Unreasonable disclosure of personal affairs
8	24/06/2020	Email	4	Refused in full	6(1) - Unreasonable disclosure of personal affairs
9	2/07/2020	Email	2	Refused in full	6(1) - Unreasonable disclosure of personal affairs
10	8/07/2020	Email	5	Refused in full	6(1) - Unreasonable disclosure of personal affairs
11	28/07/2020	Email	2	Refused in full	6(1) - Unreasonable disclosure of personal affairs
12	28/07/2020	Attachment to 11	2	Refused in full	6(1) - Unreasonable disclosure of personal affairs
13	4/08/2020	Email	4	Refused in full	6(1) - Unreasonable disclosure of personal affairs
14	4/08/2020	Attachment to 13	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
15	4/08/2020	Attachment to 13	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
16	4/08/2020	Attachment to 13	2	Refused in full	6(1) - Unreasonable disclosure of personal affairs
17	4/08/2020	Email	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
18	4/08/2020	Attachment to 17	9	Released in full	
19	4/08/2020	Attachment to 17	4	Released in full	
20	4/08/2020	Attachment to 17	8	Released in full	
21	4/08/2020	Email	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
22	20/08/2020	Email	4	Refused in full	6(1) - Unreasonable disclosure of personal affairs
23	3/09/2020	Email	3	Refused in full	6(1) - Unreasonable disclosure of personal affairs
					10(1) - Subject to legal professional privilege
24	3/09/2020	Attachment to 23	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
25	7/09/2020	Email	13	Refused in full	6(1) - Unreasonable disclosure of personal affairs
26	8/09/2020	Letter	6	Refused in full	10(1) - Subject to legal professional privilege
27	14/09/2020	Letter	2	Refused in full	6(1) - Unreasonable disclosure of personal affairs
28	15/09/2020	Email	8	Refused in full	6(1) - Unreasonable disclosure of personal affairs
					10(1) - Subject to legal professional privilege

Schedule of Documents

Doc. No.	Date	Description of Document	# of pages	Determination	Exemption Clause
29	15/09/2020	Email	4	Refused in full	10(1) - Subject to legal professional privilege
30	15/09/2020	Attachment to 29	2	Refused in full	10(1) - Subject to legal professional privilege
31	21/09/2020	Email	2	Refused in full	6(1) - Unreasonable disclosure of personal affairs
32	21/09/2020	Attachment to 32	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
33	22/09/2020	Email	4	Refused in full	6(1) - Unreasonable disclosure of personal affairs
34	23/09/2020	Email	4	Refused in full	6(1) - Unreasonable disclosure of personal affairs
35	29/09/2020	Email	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
36	29/09/2020	Attachment to 35	4	Refused in full	6(1) - Unreasonable disclosure of personal affairs
37	29/09/2020	Attachment to 35	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
38	1/10/2020	Letter	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
39	9/10/2020	Email	2	Refused in full	6(1) - Unreasonable disclosure of personal affairs
40	6/11/2020	Email	3	Refused in full	10(1) - Subject to legal professional privilege
41	23/11/2020	Email	9	Refused in full	6(1) - Unreasonable disclosure of personal affairs
42	14/12/2020	Minute	4	Refused in full	6(1) - Unreasonable disclosure of personal affairs
					10(1) - Subject to legal professional privilege
43	23/12/2020	Minute	3	Refused in full	6(1) - Unreasonable disclosure of personal affairs
					10(1) - Subject to legal professional privilege
44	18/01/2021	Email	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
45	21/02/2021	Email	12	Refused in full	10(1) - Subject to legal professional privilege
46	29/01/2021	Email	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
47	29/01/2021	Attachment to 46	6	Refused in full	6(1) - Unreasonable disclosure of personal affairs
48	5/02/2021	Email	3	Refused in full	6(1) - Unreasonable disclosure of personal affairs
49	9/03/2021	Email	1	Refused in full	6(1) - Unreasonable disclosure of personal affairs
50	9/03/2021	Attachment to 49	11	Refused in full	6(1) - Unreasonable disclosure of personal affairs
51	9/03/2021	Attachment to 49	3	Refused in full	6(1) - Unreasonable disclosure of personal affairs
52	9/03/2021	Attachment to 49	3	Refused in full	6(1) - Unreasonable disclosure of personal affairs
53	7/05/2021	Email	12	Refused in full	6(1) - Unreasonable disclosure of personal affairs

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Government
of South Australia

YOUR ROAD TO RECOVERY



publicsector.sa.gov.au

OUR COMMITMENT

THE GOVERNMENT OF SOUTH AUSTRALIA IS COMMITTED TO SUPPORTING OUR INJURED WORKERS. WE HAVE A STRONG FOCUS ON SUPPORTING YOUR **QUICK, SAFE** AND **SUSTAINABLE** RETURN TO SUITABLE EMPLOYMENT.

ALTHOUGH THE SOUTH AUSTRALIAN PUBLIC SECTOR IS MADE UP OF A NUMBER OF AGENCIES, WE OPERATE AS ONE EMPLOYER. THIS DOCUMENT OUTLINES YOUR RIGHTS AND RESPONSIBILITIES, OUR OBLIGATIONS AS YOUR EMPLOYER, WHAT HAPPENS WHEN YOU LODGE A CLAIM FOR A WORK-RELATED INJURY AND THE PROCESS OF RETURNING TO WORK.



I have lodged a claim; what happens next?

We will immediately start the process to support your recovery and return to work. We work to help you as soon as we receive notification of your injury – even before your claim is determined – to ensure that you are quickly on the path to recovery.

We will determine your claim as quickly as possible and advise you when a decision has been made. Wherever possible, we will make this decision within 10 business days of receiving your claim.

In some cases a decision may need to be deferred to gather further information. If this happens we may need to speak to your treating medical practitioner or other people involved in your claim. Once all information has been received, we will make a decision about your claim.



Who is involved?

Early in the process you'll mainly be speaking to your line manager and your Claims Case Manager. While you're recovering and returning to work you'll also probably have treating medical practitioners, allied health professionals and a Return to Work Consultant working with you.



What does capacity mean and why is it important?

Your doctor's opinion of what you can do at work – your capacity – is extremely important.

Your doctor will provide you with a 'Work Capacity Certificate' (WCC) – a description of what you can safely do, and any physical and/or mental considerations, to minimise the risk of aggravating your injury. We will regularly review your situation to make sure:

- your duties are within your current capacity
- appropriate support is provided to help you maximise your recovery.



When can I return to work?

We know you want to get back to your job, and it's our goal to make that happen. If you receive medical advice that this won't be possible, we'll identify duties that match your capacity. We will work closely with you and your medical practitioner to clearly outline your capacity for work and get you back into the workplace as soon as possible.



Will I get paid?

We will let you know exactly how much income support will be paid to you for any period of reduced capacity for work. As a guide, support is structured so total pay generally reflects salary earned over the last 12 months – or average weekly earnings (AWE), taking into account an employee's particular situation. The legislation sets out minimum and maximum support payments that employees may receive. If you have any concerns, we will provide you with the calculation method used and guidance on how to have the calculation result examined independently.

Income support is not paid indefinitely. Your income support reduces over time, and will come to an end as per Table 1.



Seriously injured workers

If you are determined as having a 'whole person impairment' (WPI) of 30% or more by an approved medical practitioner, you will be considered a seriously injured worker. Seriously injured workers are entitled to income support until retirement age, as well as lifetime payment of reasonable medical expenses.

Some examples of serious injuries have included limb amputations, severe burns, acquired brain injury and spinal cord injury.

Table 1: General guide to income support

The periods below are from the first date of work incapacity	For periods when you have no capacity to work (When you are not working at all)	For periods when you do have a capacity to work For example you have returned to work on reduced hours
For up to 52 weeks	We pay 100% of your average weekly earnings (AWE)	You get paid for the hours you have worked, plus any difference to ensure you receive 100% of your AWE
Week 53 to week 104	We pay 80% of your AWE	You get paid for the hours you have worked, plus 80% of the difference between what you earned and your AWE
Week 105 onwards	We will no longer provide income support	You get paid for the hours you have worked. We will no longer provide additional income support
Week 105 onwards for 'seriously injured workers'	We pay 80% of your AWE until retirement age	You get paid for the hours you have worked, plus 80% of the difference between what you earned and your AWE until retirement (age)



Can I get financial support if it takes a while to determine my claim?

If we are unable to make a decision on your claim immediately, it is important to your recovery and return to work that you are not concerned about your immediate financial needs. If a decision cannot be made within 10 business days after we receive your claim, you will be offered income support by way of 'interim benefits'. You can accept the payment of interim benefits, or you may choose to use your available leave. If your claim is rejected, interim benefits payments made to you will need to be paid back.



Will you pay for my medical and related expenses?

As a result of your injury you may incur medical and related expenses. All reasonable expenses related to your work injury for medical, return to work and similar services will be paid by us. We will pay for these for 12 months after your income support ceases. If you don't receive income support, we will pay for these expenses for 12 months after your injury occurs.

If your injury means you require a therapeutic aid, the reasonable cost of replacement and maintenance of your aid will be maintained. Therapeutic aids include spectacles, contact lenses, hearing aids, false teeth, a prosthesis, crutches and wheelchairs.

If you are a 'seriously injured worker', we will continue to pay for medical and related expenses indefinitely.



How will we stay in touch?

To manage your claim, it is important that we maintain regular contact with each other. We will find out what works best for you, like regular phone calls, emails or face-to-face contact.

You should let us know if:

- there is any change in your condition that affects your capacity for work
- you have received a medical report
- your treating medical practitioner has recommended treatment, services or special equipment
- you are considering a surgical procedure
- you are changing your treating medical practitioner
- you require time off work to attend an appointment
- your address or contact details change
- you wish to take some leave that you are entitled to.



Am I entitled to any other compensation or payments?

You may be entitled to a lump sum payment if you have suffered a permanent impairment as a result of your injury. We will discuss this option with you in more detail once your injury has stabilised.



What happens if my claim is rejected?

If your claim is rejected we will tell you why, and follow this up in writing to you. The letter will tell you about your right to appeal our decision, and the process that needs to be followed.



What do I do if I think my claim is not being correctly managed?

Please refer to your agency's complaint management procedure. Your agency will work with you to address and resolve problems and concerns, keeping you advised along the way. If you remain unsatisfied, your agency will advise you how to lodge a complaint with the State Ombudsman.



What if English is not my preferred language?

We can arrange access to professional interpreting and translating services during the injury management (claims) and return to work processes, including services for people with impaired vision or hearing.



Where can I get more information?

You can get more information from the following:

- **Your Claims Case Manager**
- **Your Return to Work Consultant**
- **Your line manager**
- **Office for the Public Sector**

Website: publicsector.sa.gov.au

Email: publicsector@sa.gov.au

Phone: (08) 8226 2700

Street address: Level 4, Westpac House, 91 King William Street,
Adelaide SA 5000

Mailing address: GPO Box 2343, Adelaide SA 5001

- **ReturnToWorkSA**

Website: rtwsa.com

Email: info@rtwsa.com

Phone: 13 18 55

Street address: 400 King William Street, Adelaide SA 5000

Mailing address: GPO Box 2668, Adelaide SA 5001

Claim form



The Return to Work scheme provides timely, personalised support and services to workers and their employers following a work injury.

South Australians who have been injured at work may be eligible for income support and/or the reimbursement of medical expenses and other return to work services.

Before making a claim workers need to

- > notify their employer about the injury
- > see a doctor to get a Work Capacity Certificate.



Call **13 18 55** as this form may not be required

How to make a claim using this form

Step 1 Complete this form

Wherever possible, the worker and the employer should complete this form together. A representative, such as a treating doctor, a worker's friend or a Return to Work Coordinator can assist the worker by completing information in the form with the worker's consent.

Step 2 Sign the Medical Authority and declarations (page 4)

Step 3 Lodge this form

South Australian businesses registered under the Return to Work scheme and their workers must ensure this completed and signed form and Work Capacity Certificate are sent to the employer's claims agent, either:

Employers Mutual SA

GPO Box 2575, Adelaide SA 5001
 newclaims@eml.rtwsa.com
 Fax (08) 8127 1200
 www.employersmutual.com.au
 Phone (08) 8127 1100 or 1800 688 825

OR

Gallagher Bassett Services Pty Ltd

GPO Box 1772, Adelaide SA 5001
 newclaims@gb.rtwsa.com
 Fax (08) 8177 8451
 www.gallagherbassett.com.au
 Phone (08) 8177 8450 or free call 1800 774 177

To find which is the employer's claims agent, use the Claims Agent Lookup at www.rtwsa.com or call **13 18 55**.

Self-Insured / Crown employers

Most of South Australia's largest private and public sector organisations are self-insured, managing their own workers compensation claims. Workers of self-insured businesses with a work injury should speak to their employer about making a claim.

Important information for workers

- > Report a work injury to your employer as soon as possible and talk to them about a plan to stay at or return to work.
- > Talk to your doctor about work tasks you can still do and obtain a Work Capacity Certificate.
- > Be actively involved in your treatment, recovery and return to work, or stay at work plans.

Important information for employers

- > Call your claims agent as soon as possible to report a work injury. Your claims agent will advise you immediately whether a Case Manager will be assigned. You may not be required to submit this form.
- > If you do need to submit this form to your claims agent you must do so within five business days of receiving a claim from the worker.
- > There are financial incentives for employers who make the claim and submit the Work Capacity Certificate (if you have been given one) within five calendar days of receiving the form from the worker. For more information on financial incentives visit www.rtwsa.com
- > Notifiable incidents
 It is a legal requirement under the Work Health and Safety Act 2012 for a person who conducts a business or undertaking to notify SafeWork SA of:
 - the death of a person
 - a serious injury or illness of a person including immediate treatment for amputation, serious head, eye, burn and laceration injuries, separation of skin from underlying tissue, spinal injury or loss of body function; medical treatment within 48 hours of exposure to substance
 - a dangerous incident that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure, whether or not an injury has actually occurred.

Please notify SafeWork SA by calling **1800 777 209**.

For more information about SafeWork SA please visit www.safework.sa.gov.au

Serious penalties could arise from failure to notify SafeWork SA of notifiable incidents. SafeWork SA receives ReturnToWorkSA claims data.

To contact ReturnToWorkSA in a language other than English call the Interpreting and Translating Centre (ITC) on 1800 280 203 and ask the consultant to organise a telephone interpreter in your language and to then be connected to ReturnToWorkSA on 13 18 55.

People with hearing / speech impairments can contact ReturnToWorkSA using the National Relay Service.

Need help?

If you have any questions about this form contact ReturnToWorkSA on

13 18 55 or
www.rtwsa.com



Government of
South Australia

Section 1 - About this claim

1A - What is the claim for?

- ☐ Loss of wages ☐ Medical expenses
☐ Loss of wages and medical expenses

1B - Who is filling out this form?

When possible, it is suggested the worker and employer complete this form together.

- ☐ Worker ☐ Employer
☐ Both worker and employer completing the form together
☐ Other - Name: _____

Relationship (i.e. Family, friend or representative): _____

Phone: _____

Section 2 - Worker details

Family name: _____

Given names: _____

Former names (if any): _____

Title: ☐ Miss ☐ Ms ☐ Mrs ☐ Mr

Date of birth: / /

Gender: ☐ M ☐ F ☐ Other

Address: _____

Postal address (or if same write 'same as above'): _____

Daytime phone number: _____

Mobile number: _____

Email: _____

(Note: Providing an email will ensure prompt receipt of important notices.)

Does the worker wish to identify as:

- ☐ Aboriginal ☐ Torres Strait Islander

Country of birth: _____

Does the worker need an interpreter?: ☐ Yes ☐ No

If yes, identify language (including Auslan): _____

Dialect: _____

Is the worker an Australian citizen or permanent resident of Australia?

- ☐ Yes ☐ No

If 'No': _____

Type of visa: _____

Expiry date: / /

*Throughout this form 'injury' should be read as
'work related illness, condition or injury'

Section 3 - Injury details

3A - Injury information

What was the circumstance in which the injury occurred?

(tick one) while:

- ☐ Working at usual workplace
☐ Working, had a traffic accident—Police Report Number: _____
☐ Having a break
☐ Travelling to or from work
☐ Attending an approved course of study
☐ Working elsewhere
☐ Other (please specify): _____

Date and time of the injury: (or when was it first noticed)

Date / / Time am/pm

Did the worker stop work due to the injury? ☐ Yes ☐ No

If yes, date and time work was stopped:

Date / / Time am/pm

Has the worker resumed work? ☐ Yes ☐ No

If yes, date and time worker resumed:

Date / / Time am/pm

Has the worker returned to:

- ☐ pre-injury hours or ☐ less than pre-injury hours

Has the worker returned to:

- ☐ normal duties or ☐ modified duties

3B - Where did the injury occur?

Place (e.g. workshop floor): _____

Address: _____

Suburb / town: _____ Postcode: _____

3C - Description of the injury

What is the injury and part of the body affected? (e.g. broken left lower leg, dermatitis of the hands, lower back strain): _____

What was the worker doing at the time of the injury? (e.g. lifting bags of cement from pallet to trolley): _____

What happened and how was worker injured? (e.g. repeatedly lifting heavy bags causing lower back pain): _____

Section 4 - Capacity for work and treatment

4A - Treating doctor's information

Name: _____

Practice name: _____

Practice phone: _____

Practice address: _____

Suburb / town: _____ Postcode: _____

Hospital (if the worker was or is hospitalised): _____

4B - Work Capacity Certificate details

The worker's Work Capacity Certificate covers the period from:

/ / to / /

Section 5 - Employment details

5A - Employer's name and address

Full company or business name: _____

Trading name: _____

Postal address: _____

Suburb / town: _____ Postcode: _____

Phone: _____

Email: _____

(Note: Providing an email address will ensure prompt receipt of important notices)

ReturnToWorkSA employer number: _____

ReturnToWorkSA location number: _____

Date worker started employment: / /

Address of worker's usual workplace (if different from above): _____

Suburb / town: _____ Postcode: _____

5B - Employer contact person for this claim

(e.g. Manager or Return to Work Coordinator)

Name: _____

Phone: _____

Position title: _____

Email: _____

5C - Employment type

Is the worker any of the following? (if not leave blank)

☐ an apprentice ☐ a trainee ☐ a working director

If the worker is not an employee what is the relationship?

(e.g. non-working director, sole contractor, partner): _____

5D - Worker's occupation and main tasks

Occupation: _____

Main tasks: _____

Section 6 - Income support

Please complete section 6 if claiming for loss of wages.

6A - Worker's hours

Is the worker:

☐ permanent or ☐ casual

Normal hours per week? _____ hours

Regular hours each day of the week:

Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐ OR

☐ tick if not regular hours (e.g. shiftwork)

Is the worker:

☐ full time or ☐ part time

If the worker works part time, what would their hours be

if they worked full time? _____ per week (if known)

6B - Worker's income details

What was the worker's gross weekly wage at

the time of the injury? \$

Does the worker normally work overtime?

☐ Yes ☐ No

If yes, what is the average amount earned per week? \$

What are the average hours of overtime per week?

Does the worker receive non-cash benefits? ☐ Yes ☐ No

If 'Yes' what is the benefit? (e.g. car, phone, computer)

(Note: 12 months of wages information may be requested in order to determine Average Weekly Earnings.)

6C - Other employment details

Does the worker have any other current employment?

☐ Yes ☐ No

Section 7 - EFT details

Payments and reimbursements are paid by EFT.

7A - Worker's Electronic Funds Transfer (EFT) details

Bank name: _____

BSB number: /

Account number: _____

Account name: _____

7B - Employer's EFT details

Bank name: _____

BSB number: /

Account number: _____

Account name: _____

Section 8 - Notification of injury

Notification details

When was the employer notified of the injury?

Date: / /

Name of person notified: _____

Position/title of person notified: _____

Person notifying: ☐ Worker ☐ Other, please specify: _____

Date claim form given to/completed with employer:

/ /

Section 9 - Other information

Provide any other information relevant to the assessment of the claim:

Important information—read before completing sections 10 and 11

It is intended that the worker and employer complete this form together. If this is the case, the employer should complete section 10 and the worker section 11. If not, only the person (worker or employer) completing the form should sign the relevant section.

Section 10 - Employer declaration

I acknowledge that it is an offence against the *Return to Work Act 2014* to make a statement that is false or misleading. The information I have provided is true and not misleading. I agree to advise ReturnToWorkSA:

- > if my circumstances change
- > if I become aware of any matter that would make the above information false or misleading
- > of any change in the worker's return to work status.

Employer's full name (or authorised person): _____

Employer's signature: _____

Date / /

Section 11 - Medical authority & worker declaration

Only the worker can complete this section.

I give permission for:

- > my medical experts to provide ReturnToWorkSA, my employer's claims agent or my self-insured employer with information relating, and/or relevant to my work injury, condition or illness.
- > any of my medical experts to receive x-rays, medical records or reports relating to my claim (including copies) for the purpose of writing a report about my injury, condition or illness related issue.
- > ReturnToWorkSA or my employer's claims agent, or my self-insured employer to release my personal contact information to an independent medical examiner for the purpose of an appointment reminder.

A photocopy of this medical authority is valid.

I acknowledge that it is an offence against the *Return to Work Act 2014* to make a statement that is false or misleading. The information I have provided is true and not misleading. I agree to advise ReturnToWorkSA if:

- > my circumstances change
- > I become aware of any matter that would make the above information false or misleading.
- > I undertake any employment (paid or unpaid), including self-employment, during my claim.

Worker's full name: _____

Worker's signature: _____

Date / /

Next steps

When the claims agent receives this completed claim form they:

- > will contact the worker and employer
- > may request additional information such as information to assist in determining the rate of weekly payments
- > will assess and determine the claim for income support and/or medical services
- > will arrange services to help the worker to recover and return to work. This may include visiting the worker and the employer if the worker is likely to be away from work for more than two weeks.

Workers of self-insured organisations should discuss the next steps with their employer.

Keep a copy of this completed form for your records.

Scan the QR code to visit our website for more information about making a claim and employer and worker rights and responsibilities.

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INJURY MANAGEMENT RIGHTS & RESPONSIBILITIES

Managers and Supervisors Responsibilities

Managers and Supervisors play a key role in the successful recovery of injured employees and are responsible for:-

- Ensuring all employees are informed of and understand the Agency's approach to claims management and recovery and the processes involved;
- Notify the DTF Return to Work Consultant within 1 working day of an employee reporting a work related injury / illness (irrespective of whether the employee intends to lodge a claim);
- (In accordance with the Agency's WHS requirements) identifying and implementing strategies that prevent similar injuries occurring and ensuring that the nominated work area is safe and remains conducive to safe work practices for returning injured employees to work;
- Providing employees with the necessary WHS accident / incident report and claim forms, and offering assistance to complete the forms;
- Accurately completing and submitting all reports / required documentation in a timely manner and ensuring that all information and records are maintained and kept confidential;
- Ensuring that injured employees receive prompt support and assistance, and when required are provided with Recovery/ Return to Work Plans that are developed in conjunction with the DTF Return to Work Consultant, manager / supervisor, injured employee, and are suitable given their medical condition / restrictions;
- Actively participating in all necessary activities to ensure early, safe and sustainable return to work outcomes, including being involved in the development, implementation and review of Recovery/ Return to Work Plans;
- Working with the DTF Return to Work Consultant and Agency Return to Work Coordinator to identify and provide injured employees with suitable alternative duties / employment within their own work group / business unit and providing the necessary induction, training and equipment to ensure a safe return to work;
- Supporting and monitoring the day-to-day return to work process for injured employees and regularly contacting the employee even if they are unfit for work;
- Immediately notifying the DTF Return to Work Consultant if the employee is absent from work or there are any issues affecting implementation of agreed Recovery/ Return to Work Plans;

- Liaising with the DTF Return to Work Consultant prior to approving any applications for annual or long service leave for the injured employee;
- Taking reasonable steps to ensure that injured employees are able to comply with their agreed Recovery/ Return to Work Plan in a supportive work environment which is free from discrimination;
- Immediately informing the DTF Claims Case Manager & DTF Return to Work Consultant of the intention to terminate an injured employee's employment.

Managers and Supervisors Rights

In order to contribute to the claims management and recovery process, managers and supervisors have the right to:-

- Be informed, by the DTF Claims Case Manager, regarding the determination status of workers compensation claims;
- Provide relevant information to the DTF Claims Case Manager to assist with the determination of the employee's claims and entitlements;
- Be actively involved in the Recovery and Return to Work process and be consulted about the development and review of Recovery/ Return to Work Plans and be provided with copies of Recovery/ Return to Work Plans;
- Request that Recovery/ Return to Work Plans be reviewed if the goals or objectives are not being met;
- Be provided with clear information regarding an injured worker's capacity and restrictions;
- Disclose information to other staff regarding the worker's capacity / restrictions to ensure effective implementation of the Recovery/ Return to Work Plans and to achieve a safe and sustainable return to work outcome;
- Obtain advice / assistance from the DTF Return to Work Consultant if there are any difficulties in implementing Recovery/ Return to Work Plans;
- Be informed, by the injured employee, of any medical appointments requiring time off work.

Employee Responsibilities

In the event that an employee suffers a work related injury / illness, to achieve the best possible recovery and return to work outcomes and to enable the prompt and accurate determination of compensation entitlements employees are required to:-

- Notify your manager / supervisor immediately upon suffering a work related injury;
- Obtain medical treatment from a doctor of your choice and undertake appropriate medical treatment to facilitate medical recovery and an early and safe return to work;
- Comply with your Agency's WHS and Injury Management processes, and if necessary, participate in the WHS investigation process;
- Provide your manager / supervisor with a completed Claim Form and Work Capacity Certificate as soon as possible after the occurrence of the injury / illness, if wishing to claim compensation;
- Provide information reasonably required and requested by the DTF Claims Case Manager to assist with the claim determination and ensure the information is not false or misleading;
- If your claim is not able to be determined, you will need to complete and submit leave forms to utilise accrued leave entitlements for any time off work, or in the alternative contact the DTF Claims Case Manager to discuss a request for interim payments consistent with Agency policy;
- Advise your manager / supervisor and DTF Return to Work Consultant (where involved) of the outcome immediately following each medical review;
- Provide continuing Work Capacity Certificates to your manager / supervisor, DTF Claims Case Manager & DTF Return to Work Consultant for all absences and periods requiring alternate or modified duties / working hours until a full medical clearance is obtained;
- Immediately report any absences from work directly to your manager / supervisor and provide the appropriate Work Capacity Certificate to explain the absence;
- Abide by the medical restrictions at all times, both at work and at home;
- Accept the primary objective of "Return to Work" and take active steps towards achieving the objective, and not act in a way that frustrates the objective;
- Communicate regularly with the DTF Return to Work Consultant and your manager / supervisor and actively participate in the development, implementation and review of Recovery/ Return to Work Plans, including providing authority for the DTF Return to Work Consultant to communicate with and obtain information from your treating medical practitioners;
- Perform all suitable duties within your physical / psychological capacity and upgrade duties / hours of work, as approved by relevant medical practitioners and provided by your employer;

- Comply with all reasonable requirements documented in your Recovery/ Return to Work plan to achieve the return to work objective, irrespective of whether you choose to sign the Recovery/ Return to Work plan or whether the Recovery/ Return to Work plan is the subject of an appeal to the SA Employment Tribunal;
- Notify your manager / supervisor and DTF Return to Work Consultant immediately of any problems, issues or concerns about complying with the Recovery/ Return to Work plan;
- Attend all scheduled appointments (including appointments arranged by the DTF Claims Case Manager) and notify all relevant parties when cancellation of an appointment is necessary, and reschedule the appointment at the first available time;
- Avoid disruption to return to work activities by arranging, where possible, appointments outside of working hours, and seek approval from your manager / supervisor for any time off work to attend appointments which cannot be made outside of working hours;
- Whilst participating in a Recovery/ Return to Work plan, seek advice from the DTF Return to Work Consultant prior to requesting annual or long service leave from your manager/supervisor;
- Comply with your employment terms and conditions;
- Send medical accounts to the DTF Claims Case Manager within 7 days of receipt and claims for reimbursement of expenses within 14 days;
- Complete a further claim for compensation form immediately, if you return to work and subsequently require further time off work or reduce your working hours and provide to your manager / supervisor;
- Contact and advise the DTF Claims Case Manager and DTF Return to Work Consultant (where involved) if you are considering a surgical procedure, have received results of x-rays, ultrasounds, CT/MRI scans, are changing your treating doctor; are planning to travel overseas, considering moving interstate, have changed your address or contact number, or your treating doctor has recommended treatment eg. Physio, Remedial therapy (massage), natural therapy, hydrotherapy / swimming, gym or the purchase of equipment or appliances.

Employee Rights

Under the Return to Work Act (2014), employees have the following rights to:-

- Lodge a workers compensation claim for a work related injury / illness;
- Choose your treating medical practitioner/s;
- Return to work assistance and being provided with information regarding the recovery and return to work process;

- Have your claim determined, where possible, within 10 business days, or be advised in writing of the additional information required to determine the claim;
- If your claim cannot be determined within 10 business days from the time DTF Return to Work Services receives the claim form then interim payments must be offered;
- If interim payments are not accepted, you can utilise your leave entitlements (dependent on Agency Policy). Alternatively contact the DTF Claims Case Manager for further information;
- Be paid income support and to have reasonable medical / other expenses paid or reimbursed promptly, once the claim is accepted;
- Request that an assessment be conducted to determine whether you are entitled to a lump sum payment should there be a permanent, residual injury;
- Be actively involved in all decisions / actions relating to your recovery / return to work process and seek independent advice before signing any documentation;
- Arrange for a representative or support person to attend any meeting regarding your return to work;
- Be provided with suitable employment and perform duties within medical constraints stipulated on Work Capacity Certificates;
- Have Recovery/ Return to Work Plans developed that take into account any individual needs and recognise cultural, linguistic and / or religious factors and be provided with copies of approved Recovery/ Return to Work Plans;
- Request that Recovery/ Return to Work Plans be reviewed where the objectives are not being met;
- Access the DTF Internal Dispute Resolution process or contact the DTF Return to Work Services Team Leader if dissatisfied with the claims or return to work process and you have been unable to resolve the matter with the DTF Claims Case Manager or DTF Return to Work Consultant;
- Lodge an appeal with the SA Employment Tribunal if the decision to establish or not establish a Recovery/ Return to Work plan or the provision of a Recovery/ Return to Work plan is considered unreasonable; or if you disagree with a decision about your entitlements to compensation;
- Have personal information kept confidential by the parties involved in managing your claim and return to work;
- Be assured that termination of employment will not occur as a result of participating in the recovery and return to work process;
- Request to view or be provided with copies of documentation held on the claim and / or return to work files.

DTF Return to Work Consultant

The DTF Return to Work Consultant has the responsibility of providing a comprehensive vocational return to work service for injured employees by facilitating the recovery and return work process and liaising / negotiating with the "Recovery/ Return to Work team" i.e. the injured employee, their manager / supervisor, DTF Claims Case Manager, Agency Return to Work Coordinator and the appropriate medical practitioners to ultimately assist the injured employee to achieve an early, safe and sustainable return to work.

The DTF Return to Work Consultant is neither an advocate for the injured worker or the employer; rather their role is to act as a facilitator to the recovery and return to work process and is responsible for:-

- Explaining the recovery and return to work process to the injured worker and their manager/supervisor and informing them of their rights and responsibilities;
- Conducting an assessment to determine the need for return to work services within 1 working day of receiving notification of a work related injury;
- Notifying the injured employee and manager/supervisor of the return to work assessment outcome and providing them with a "Recovery and Return to Work kit", where deemed appropriate;
- Contacting the injured employee within 5 days of the notification to arrange an initial interview, when return to work services are required;
- Contacting the injured employee as part of the initial assessment process and clarify if they wish to lodge a claim for compensation;
- Assessing the needs for any services taking into account injured employees individual, cultural, linguistic or religious requirements;
- Encouraging employees to participate in all decisions and activities related to their Recovery/ Return to Work plans;
- Assisting the injured employee and manager/supervisor to:-
 - identify suitable duties / employment that comply with the medical restrictions;
 - develop appropriate Recovery/ Return to Work plans to ensure a safe return to work;
 - explore the need for worksite modifications;
 - identify barriers to return to work;
- Establishing return to work goals and developing documented Recovery/ Return to Work plans in consultation with the injured employee and their supervisor / manager and in accordance with medical certification;
- Convening case conferences when necessary, which may include the injured employee, manager / supervisor, DTF Return to Work Consultant, treating medical practitioner/s, Return to Work Coordinator, employee representative (if requested) and DTF Claims Case Manager;

- Communicating regularly with all parties involved in the return to work process to ensure a coordinated and consultative process is maintained and provide the necessary support, assistance and relevant information;
- Where necessary, engaging and monitoring services from external service providers;
- Creating and maintaining return to work files in a secure and confidential manner;
- Keeping personal information regarding the employee confidential.

DTF Claims Case Manager

The employing Agency has an allocated Claims Decision Maker who provides instructions to the DTF Claims Case Manager to make decisions about workers compensation claims.

The DTF Claims Case Manager is responsible for the administration and management of workers compensation claims which entails assessing claims and determining entitlements in accordance with the Return to Work Act 2014 and involves:-

- Requesting relevant factual and medical information to determine claims and entitlements, which can include appointing an assessor to obtain statements, arranging independent medical examinations / tests or requesting reports from treating medical practitioners;
- Calculating Average Weekly Earnings rates;
- Issuing determination notices;
- Assessing claims and if the claim cannot be determined arrange interim payments;
- Assessing the reasonableness of medical and return to work expenses;
- Reviewing, calculating and authorising income support payments;
- Assessing capacity for work and determining income support entitlements;
- Managing disputes and representing the Agency at the SA Employment Tribunal, in conjunction with the DTF Return to Work Consultant;
- Preparing payment schedules each week and forwarding to agency payroll for normal fortnightly pay cycle run;
- Calculating lump sum entitlements (if applicable);
- Sending copies of medical reports to you.

Agency Return to Work Coordinator

The Agency Return to Work Coordinator is generally the contact person at the workplace for return to work purposes (having a detailed knowledge of the structure, work and culture of the workplace) and is responsible for:-

- Where appropriate, notifies the DTF Return to Work Consultant of the occurrence of the injury as soon as possible. Ensures that the claim form is completed and submitted to DTF Work Injury Services;
- Works with managers / supervisors and co-workers to understand the injured workers restrictions;
- Assists workers to remain at work by developing and providing the supervisor and DTF Return to Work Consultant with a copy of the suitable duties schedule;
- Monitors progress or return to work through regular contact with the supervisor and injured worker;
- Communicates any known barriers or problems with the DTF Claims Case Manager / DTF Return to Work Consultant;
- Attends return to work meetings at the workplace where necessary.