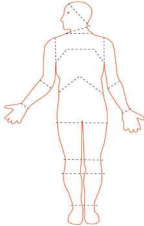
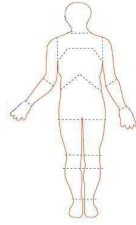


Injury Register

UNITY IS STRENGTH.

Injured Worker's Name	Workplace
Phone No	Area/Dept.
HSR/Delegate:	Date of Incident

INJURY DETAILS

LOCATION OF INJURY ON BODY	PLEASE PROVIDE INJURY DESCRIPTION AND CIRCUMSTANCES LEADING UP TO INJURY BELOW.	
FRONT 	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Office Use:</div>	
BACK 		

TYPE OF INJURY	THE NUW ADVISES MEMBERS TO SEE THEIR OWN DOCTOR FOR MEDICAL TREATMENT			
<input type="checkbox"/> 1 Sprain & strain	<input type="checkbox"/> 2 Fractures	<input type="checkbox"/> 3 Hernia	<input type="checkbox"/> 4 Cut	<input type="checkbox"/> 5 Bruise
<input type="checkbox"/> 6 Burn	<input type="checkbox"/> 7 Chemical exposure	<input type="checkbox"/> 8 Asbestos	<input type="checkbox"/> 9 Respiratory Disease	<input type="checkbox"/> 10 Crushing
<input type="checkbox"/> 11 Abrasion / Graze	<input type="checkbox"/> 12 Amputation	<input type="checkbox"/> 13 Degloving	<input type="checkbox"/> 14 Stress / Psychological	<input type="checkbox"/> 15 Hearing
<input type="checkbox"/> 16 Slight	<input type="checkbox"/> 17 Other (give details).....			

Have you reported this injury in the injury/incident book at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be lodging a compensation claim as a result of this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
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AUTHORISATION

I, (write your full name) authorise all relevant representatives of the National Union of Workers inclusive of NUW lawyers to:

- Access / obtain all information (including health information as defined in any relevant legislation), and
- Represent me in any forum including but not limited to that with insurance providers, employers and rehabilitation providers, regarding my injury / illness, any return to work issue or related matter and/or any investigations that involve my injury/illness.

Signature (of injured member)..... Date/...../.....

Name.....Address.....

Date of Birth...../...../.....Claim Number (if known).....

PLEASE SEND COMPLETED FORM TO NUW ASSIST (DETAILS ON THE BACK OF THIS FORM)

All information is confidential

nuwassist

1300 275 689

nuw.org.au

FOR WORKPLACE SUPPORT

IT'S IMPORTANT...

For members to register their workplace injuries or illnesses with NUW ASSIST as soon as possible.

Remember.....

- **Record the injury at work and make sure you get a copy of it**
- **Make sure you go to your own treating doctor**
- **Download and complete a compensation claim form from your state and the NUW Injury register**
- **For injury support including help filling it out, ring NUW Assist or ask your delegate or health safety rep**

Phone: 1300 275 689 or (1300 ASK NUW)

Fax: (03) 9287 1818

Email: nuwassist@nuw.org.au

Postal: PO Box 343 North Melbourne VIC 3051

NUW lawyers provide free initial legal advice & where necessary representation for any NUW injured members

Contact the NUW on 1300275689 for a referral