NATIONAL UNION OF WORKERS

UNITY IS STRENGTH.

NUW MEMBER NO. (if known)

INJURY REGISTER

INJURED MEMBER'S NAME IN FULL	PHONE (HOME)	PHONE (MOBILE)

EMPLOYER/WORKPLACE	AREA/DEPT/SHIFT
OHS REP/DELEGATE	**DATE OF INCIDENT/INJURY**

DRAW WHERE MEMBER INJURED (ON BODY) BELOW

The NUW recommends that members should see their own doctor for medical treatment.

FRONT

HOW DID YOU GET INJURED? eg tripped over box in aisle

BACK

WHAT IS YOUR ACTUAL INJURY? eg bruised and grazed right knee

TYPE OF INJURY ✓ applicable box or boxes

- ☐ **1** Sprain & strain
- ☐ **2** Fracture/s
- ☐ **3** Hernia
- ☐ **4** Cut
- ☐ **5** Bruise
- ☐ **6** Burn
- ☐ **7** Chemical exposure
- ☐ **8** Asbestos
- ☐ **9** Respiratory disease
- ☐ **10** Crushing
- ☐ **11** Abrasion / Graze
- ☐ **12** Amputation
- ☐ **13** De-gloving
- ☐ **14** Stress / Psychological
- ☐ **15** Hearing
- ☐ **16** Sight
- ☐ **17** Other (give details)____________________

MORE>

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

ADDRESS

DATE OF BIRTH

CLAIM NUMBER (if known)

PREFERRED LANGUAGE

DO YOU NEED AN INTERPRETER?

YES ☐ NO ☐

PLEASE SEND COMPLETED FORM TO NUW ASSIST

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 the record
- ✓ Make sure you go to your own treating doctor
- ✓ Complete the compensation claim form as part of this pack
- ✓ For injury support, including help filling out the claim form, ring NUW Assist or ask your Union delegate or OHS 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

Contact the NUW on 1300 275 689 for a referral

All information is confidential