

FACTUAL 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 <i>(today's date)</i>	day	month	year
Please fill in the below table with as much information as possible to assist our investigation							
Investigation type	<i>Workers compensation</i>		<i>Public liability</i>		<i>Private</i>		
CLAIMANT DETAILS							
Gender	Male	Female					
First name				Surname			
Date of birth	day	month	year	Position / role			
Direct phone				Email			

Postal address					
Interpreter required	Yes	No			
Language spoken					
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)					
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				
SPECIFIC INSTRUCTIONS						
Do you require a surveillance investigation to be undertaken also?	Yes	No				
Person to be interviewed	Report due		day	month	year	
Name ¹	Surname ¹					
Direct phone ¹						
Name ²	Surname ²					
Direct phone ²						
Name ³	Surname ³					
Direct phone ³						

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	<i>Initial notification of incident</i>	<i>Medical documentation</i>	<i>WorkCover Medical certificates</i>	<i>Photographs</i>	<i>Statements taken</i>
	<i>Other</i>				
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