

## SURVEILLANCE 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			

<b>Postal address</b>							
<b>Social media accounts?</b>	Facebook	Twitter	MySpace	Instagram	Other		
<b>Description of claimant</b> (please attach a photograph if available)							
<b>Marital status</b>	Married		Separated		Divorced		Single
<b>Children</b>	Yes	No	If so, how many?				
<b>Further information</b> (i.e. known hobbies / activities / frequent locations)							
<b>VEHICLE DETAILS</b>							
<b>Does the claimant have a vehicle?</b>	Yes	No					
<b>Registration</b>				<b>Make</b>			
<b>Model</b>				<b>Colour</b>			

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		
If so what is his/her current roster (hours and days)?	Hours	Days		
If not, what date are they unfit until?	day	month	year	

SPECIFIC INSTRUCTIONS						
Hours requested (i.e. 15, 20, 30 hours, other)						
Do you require a factual investigation to be undertaken also?	Yes	No				
Please indicate the supporting material you will supply. <b>NOTE:</b> Once you <i>submit</i> this referral form you will be prompted to attach your supporting material to an email, which will be sent to Worksite.						
Attachments	Initial notification of incident	Medical documentation	WorkCover Medical certificates	Photographs	Statements taken	Other
Any other comments						
<p align="center">PLEASE HIT THE SUBMIT BUTTON BELOW TO EMAIL THIS FORM, ALONG WITH ANY OTHER SUPPORTING INFORMATION TO <a href="mailto:info@worksite.net.au">info@worksite.net.au</a> OR SEND VIA FAX ON 02 9807 7199 INCLUDING YOUR CLAIM REFERENCE NUMBER</p>						