FLOWCHART FOR LODGEMENT OF
WORKCOVER CLAIM FORMS for VMR SQUADRONS

Originating VMR Squadron
To be completed by Squadron Occupational Health and Safety Officer

1. Obtain latest forms from WorkCover on http://www.workcoverqld.com.au/
2. Completes "*Employer Injury Claim Report*" and inserts SES ID Number into Section 1 in '*Employers reference number*'.
3. Inserts DES WorkCover Policy No': ***SAB05102442*** into Section 1 of "*Employer Injury Claim Report*" in *Employer's scheme registration number*
4. Checks completeness of:
   - Notify Sec Manager or Robert Brock within 24 hours of incident.
   - Members "*Application for Compensation*" Form
   - Workers Compensation Medical Certificate/s or Q-Comp form from Doctor/s or Medical Practitioners
   - Tax File Number Declaration (if required)
   - Signed DES *Worker Authorisation Form vols 28 Aug 07*; and a
   - Copy of VMR Squadron Sign on Sheet for the day of the incident
   - Originals of above to WorkCover and copy to VMRAQ State Office

VMRAQ State Office
GPO Box 1425 Brisbane

1. Checks all forms for completeness and accuracy.
2. Photocopy documents. Copies for own records and copy to EMQ Rehabilitation Coordinator and VMRAO WHSO

VMRAQ State Workplace Health and Safety Officer (WHSO)

1. Conduct workplace inspection of incident if deemed appropriate
2. Issue WHS Improvement Notices to appropriate Squadron

WorkCover Queensland

Rehabilitation Coordinator
Emergency Management Queensland (EMQ) – Kedron

1. Checks AMS database for Volunteer's details & checks Volunteers ID number
2. Processes documents as required