BSBWHS407 Assist with claims management and return to work programs

Assessment Task 2

Student name:

One of the employed workers at Australia Wide Construction Brisbane head office (name Jane Smith) has sent in a medical certificate stating they have Occupational Overuse Syndrome (repetitive strain injury from working at the computer).

You telephone the worker at home and discuss whether they wish to make a workers' compensation claim and she agrees to make a claim.

The workers' compensation scheme insurer is WorkCover Queensland. You now need to process the claim.

1. Why may you need to assist an injured worker make an application?
Assessor Comments:
Jane does not really understand her rights and obligations under workers' compensation law, or the opportunities for RTW. You need to explain them to her.
The first step will be to make notes of what you need to tell her. Then you will need to telephone Jane and give the explanation
2. Explain who the insurer is, and what Jane needs to do to make her claim.
Assessor Comments:
3. What are the 3 eligibility criteria for a worker to receive workers' compensation?
1.   2.   3.
Assessor Comments:

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4. What information will you need to gather to provide to WorkCover Queensland when you telephone them?

Assessor Comments:

5. What are the benefits for the injured worker and the employer if an application for compensation is made sooner rather than later?

Assessor Comments:

6. Explain how Jane will be paid – and who will pay her salary – during the time while WorkCover Queensland is assessing whether to accept liability – and how long the assessment will take?

Assessor Comments:

7. What kinds of payments are provided by workers' compensation? (Provide 4)

Assessor Comments:

8. What are the differences in the role of the case manager when they advise an injured worker that their claim has been rejected, compared to when the claim has been accepted?

Accepted -

Rejected –

Assessor Comments:

9. Summarise in your own words the main injured worker obligations.

Assessor Comments:

Completed on (*enter date)*:	
Satisfactory (Y/N):	
Assessor Name:	
Assessment Date:	