BSBWHS407 Assist with claims management and return to work programs

Assessment Task 1

Student name:

This task requires you to outline relevant legislation and insurance requirements.

The goal of this section is to start the familiarisation with the relevant legislation for your jurisdiction and help understand the framework in which you will be working.

You may need to access an Act from the relevant website or from the resources page for the course as provided within the course.

1. What is the basic principle behind workers' compensation?
Assessor Comments:
2. What is the name of the workers' compensation regulator in your jurisdiction?
Assessor Comments:
3. What legislation governs workers' compensation and rehabilitation in your jurisdiction?
Assessor Comments:

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 4. Discuss the meaning of 'injury' within your legislation. Consider – Where the injury occurs 	
 The activity being performed The significance of employment 	
- Psychological injuries	
Assessor Comments:	
E ulia is having a hard day at work and gatting guita fructrated with her ich. Unusually, sh	
5. Julie is having a hard day at work and getting quite frustrated with her job. Unusually, sh decides to go for a walk on her lunch break to wear off some of the frustration and get some fresh air. As she was returning to the office she stumbled while stepping off the	e
gutter to cross the road and sustains a lower back muscle strain. With reference to	
legislation for your area, would it be likely that Julie would be entitled to claim compensation for the medical expenses incurred? Why?	
Assessor Comments:	
6. When can someone submit an application for compensation in your jurisdiction?	
Assessor Comments:	

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7. What is the employe	rs' duty to report an injury?	
Assessor Comments:		
8. Who are the Workers	s' Compensation Scheme Insurers in your jurisdiction?	
1.		
2.		
Assessor Comments:		
9. If you would like to add any further information please do so here. Please make sure you are noting the question being referred to.		
Assessor Comments:		
Completed on (enter date):		
Satisfactory (Y/N):		
Assessor Name:		
Assessment Date:		

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