

Australian Capital Territory

Workers Compensation Insurers Form Specifications 2002 (No 1)

Notifiable instrument NI2002—209

made under the

Workers Compensation Regulations 2002, s 98 (approved protocols about certain documents)

This protocol details the data fields that need to be incorporated into Insurers' Workers Compensation Form, Register of Injury Form, and Early Injury Notification Form.

Simon Corbell
Minister for Industrial Relations
1 July 2002



ACT

AUSTRALIAN CAPITAL TERRITORY

INSURERS' WORKERS COMPENSATION FORM SPECIFICATIONS

Fields to be included on the Insurers Workers Compensation Form

Please refer to the “Insurer’s Download Specification for the Australian Capital Territory” for more information. Please note the number in the table below equates to the numbers in the “Insurer’s Download Specification”.

No.	Data item	Format	Notes
File Header			
1	Insurer Reference Code	3 characters	Code provided by ACT Workcover
2	Insurer Name	Up to 40 characters	Provided by ACT Workcover
Record Details			
2	Policy Number	20 characters	Policy number at the date of the accident
48	Employer ABN	14 characters	Australian Business Number issued by the Australian Tax Office
4	Industry at Location of Accident	4 num. Code	ABS ANZSIC code
5	Employer Location	157 characters	(see Section 1.7, 7 sub fields exist: 40,40,36,30,3,4,4)
6	Claim Reference Number	20 characters	Insurers code
7	Previous Claim Number	20 characters	Provided only once when a claim number changes
8	Date of Lodgement of Claim	YYYYMMDD 8 date characters	
9	Worker's Surname	Up to 30 characters	
10	Worker's First name	Up to 30 characters	
11	Worker's Address	Up to 157 characters	

12	Worker's Date of Birth	YYYYMMDD 8 date characters	
13	Worker's Gender	M or F 1 character	Male, Female
14	Worker's Country of Birth	4 num. Code	ABS SACC 1998 code
15	Worker's Language at Home	4 num. Code	ABS SACC 1997 code
16	Worker's Martial Status	M or N or U 1 character	Married/Defacto, Not married, Unknown
17	Worker's Dependents	2 num.	Total dependents including spouse, dependent children, others
18	Worker's Occupation	6 num. code	ABS ASCO 2nd Edition coded - currently 4 digit level
19	Worker's Duty Status	1 num. Code	6 categories (previously 5)
20	Worker's Training Status	1 num. Code	
21	Worker's Type of Employment	1 num.	
22	Worker's Hours Worked	4 num.	Usual number of hrs worked per week (including overtime)
23	Worker's Pre-injury Salary	9 num. Whole dollars	Includes overtime
24	Date of Occurrence/Report	YYYYMMDD 8 date characters	
25	Time of Occurrence	HHMM 4 time characters	Use 24 hr time. Code 9999 for Occupational illnesses/diseases
26	Occurrence Narrative	Up to 150 characters	Description of the event including what led up to it
27	Injury Address	Up to 157 characters	(see Section 1.7, 7 sub fields exist: 40,40,36,30,3,4,4)
28	Nature of Injury/Disease	3 num. Code	NOHSC NDS 2 nd Edition code (TOOCS 2nd Edition)

29	Bodily Location of Injury/Disease	3 num. Code	NOHSC NDS 2 nd Edition code (TOOCS 2 nd Edition)
30	Mechanism of Injury/Disease	2 num. Code	NOHSC NDS 2 nd Edition code (TOOCS 2 nd Edition)
31	Breakdown Agency (formerly "Agency")	3 num. Code	NOHSC NDS 2 nd Edition code (TOOCS 2 nd Edition)
32	Severity Indicator	1 num. Code	
33	Date Ceased Work	YYYYMMDD 8 date characters	
47	Agency of Injury or Disease	3 num. Code	NOHSC NDS 2 nd Edition code (TOOCS 2 nd Edition)

Fields to be included on the Register of Injury Form

No.	Data item	Format	Notes
Company or Business Details			
	Company or Business Name		
	Employer ABN	14 characters	Australian Business Number issued by the Australian Tax Office
Details of the Injured Worker			
	Workers' Name		
	Address		
	Suburb		
	Postcode		
	Occupation		
	Age		
	Industry in which worker was engaged		
Details of Accident			
	Date of Injury		
	Time of Injury		
	Nature of Injury		
	Cause of Injury		
Details of Treatment			
	Was first aid provided?		
	By who?		

Witnesses Details			
	Name		
	Position held with the business		
	Contact details		
Person Registering Injury Details			
	Name		
	Position held with the business		
	Contact details		
Signature of person Registering Injury Details			
Date			

Fields to be included on the Early Injury Notification Form

No.	Data item	Format	Notes
Employer Details			
	Employer ABN	14 characters	Australian Business Number issued by the Australian Tax Office
	Name		As per policy
	Address		
	Name of Authorised Person		
	Phone Number		
	Fax Number		
Injured Worker Details			
	Surname		
	Given Name(s)		
	Male or Female		
	Address		
	Suburb		
	Post Code		
	Contact Phone Number/s		
	Mobile Number		
	Date of Birth		
	Occupation		

Accident/Injury Details			
	Injury/Disease Suffered		
	Body Part Affected by Injury/Disease		
	Cause of Injury		
	Date of Injury		
	Time of Injury		
	Exact Location Injury Occurred		
Details of Nominated Doctor Treating Injured Worker			
	Name of Medical Practice		
	Address of Medical Practice		
	Name of Doctor		
	Phone Number		
	Fax Number		
Details of Treatment			
	Person Providing First Aid Treatment		
	Referrals for Further Treatment		
Witness Details			
	Name		
	Position held with the Business		
	Phone Number		
	Fax Number		
	Mobile Number		
Privacy Act Statement to be placed here			

NOTE: Employer must add the details of the injury/disease on the Injury Register as required under Section 10NA of the *Workers Compensation Act 1951 (ACT)*.

Please note that insurers may choose to combine the Register of Injury Form and the Early Injury Notification Form into one form.