

Application for Compensation

This application is for people who have been medically examined and diagnosed with, or suspected to have, a compensable dust disease as a result of exposure to a hazardous dust while employed in NSW.

Completing this application

If you are unable to complete this form, another person may complete it on your behalf. However, only you or your Power of Attorney can declare the information to be true and correct and sign it.

If you (or the person you are completing this application for) need an interpreter please contact us on one of the telephone numbers below.

Our team are available to answer any questions you have about this form or the compensation benefits that you and your eligible dependents are entitled to. We can also assist you complete this form if needed. Please be aware that we can only deal directly with you, your appointed Power of Attorney or any authorised person that you have listed in your application form for all matters relating to your application and claim for compensation.

Where do I send this form?

Post: Dust Diseases Care, GPO Box 5323, Sydney NSW 2001
Email: DDAenquiries@icare.nsw.gov.au
Fax: 02 9279 1520

You can post, email or fax your application to us at any time, including outside of business hours and public holidays. It is important that you make your application or contact us about making an application as soon as you can to facilitate early and timely access to care and support.

Need more information?

Information and fact sheets are available from our website icare.nsw.gov.au

If you'd like to speak to us directly, we can be contacted during business hours (weekdays 9am to 5pm) on 02 8223 6600 or 1800 550 027 (free call).

Who are we?

icare Dust Diseases Care provides compensation and support to people who have a dust disease as a result of exposure to dust while working in NSW, and their dependents.

Who can complete this form

Only a worker making an application for compensation, or their Authorised Representative on their behalf, can complete and sign this form. An *Authorised Representative* can be:

- a person responsible within the meaning of section and 33A (4) of the *Guardianship Act 1987*, being a guardian, a spouse or partner, a carer or a close friend or relative (as defined in the *Guardianship Act 1987*); or
- An attorney for the worker under an enduring power of attorney; or
- A person who is otherwise empowered under law to exercise any functions as an agent of or in the best interest of the worker.

Privacy Declaration

you acknowledge:

- that you have read and understood the **Dust Diseases Care Privacy Principles Information Sheet**
- that you understand that icare Dust Diseases Care can collect, store, use and disclose personal and health information about you to assess your application, pay you compensation and perform associated legal and administrative functions in accordance with the *Workers Compensation (Dust Diseases) Act 1942* and the *Workplace Injury Management and Workers Compensation Act 1998*.

you consent:

- to icare Dust Diseases Care collecting, storing, using and disclosing personal and health information about you, including voice recordings of telephone conversations in which you are a participant or which may be made during the management of your claim; and specifically
- to icare Dust Diseases Care collecting information from and disclosing to any of the persons or agencies listed at paragraph 4 of the **Dust Diseases Care Privacy Principles Information Sheet** or as you otherwise agree;

Office use only

DDC File number

Date Received

1. Your disease

Have you been diagnosed with a dust disease?

No If No, please complete a request for Medical Examination form

Yes If Yes, then please tick the appropriate disease box(es) below

Mesothelioma
 Asbestosis
 Silicosis
 Lung cancer
 ARPD
 Other (If other please list/ describe below)

Please note that pleural plaques are not considered a dust disease. Please complete a Request for Medical Examination form if you have pleural plaques.

2. Your details

First name
 Middle name
 Surname

Date of birth
 Place of birth
 Gender

Address (street & number)

Suburb/Town
 State
 Post code
 Country

Home telephone
 Mobile
 Other contact telephone

Email
 Preferred method of contact

Access Requirements - Do you have any access requirements in making this application? If so, please describe below: eg. language interpreter, hearing impairment, disability or health issues, cultural, religious

3. Your dependants

Please list all person(s) who are dependent upon you, include their relationship and their date of birth (e.g. includes married and de facto partners and children) or otherwise please indicate that you have no dependants.

Name of dependant	Relationship	Their date of birth

6. Your treating doctors (relevant to your dust disease)

Treating doctors	Name of doctor	Address/ Location	Telephone
GP			
Respiratory Physician			
Oncologist			
Other specialist			
Other specialist			

7. Declaration

I agree that any information I provide to enable the effective administration of my compensation claim is true and correct, knowing that it is an offence under Clause 4 of the Workers' Compensation (Dust Diseases) Regulation 2013 and/or Part 5A of the Crimes Act 1900 to make a statement or provide information in support of any application for compensation to a public authority that I know to be false or misleading.

Signature

Date

What happens next?

Your application will be registered and one of our team members will contact you to discuss your application. We will then determine what, if any, further medical information or supporting documents are required to process your claim. In most cases we will also require the preparation of an Industrial History Statement and/or an Industrial History Report. Your icare contact is here to help and will guide you through these requirements.

What is an Industrial History Statement and Report?

An Industrial History Statement outlines all of your employment and dust exposure history. One of our specialised Industrial History Officers will discuss this with you over the phone or if you prefer, they can visit you to discuss this in person.

The Industrial History Officer will prepare the statement and send a copy to you to review and sign. They will also try to verify some of your employments and locate recorded corroboration for your reported exposures, which they will outline in a separate Industrial History Report.

If you have any documents that verify your past employments please provide copies as these can assist in processing your application more quickly.

What Medical Information is required?

The Medical Assessment Panel, which is an independent panel of three Respiratory Specialists, will require a variety of medical information in order to determine your claim. This may include copies of doctor's letters, reports and radiological images such as CT scans and x-rays. For some non-malignant disease types we may also arrange for you to undergo additional medical tests, such as lung function (breathing) tests, which we will pay for. We will be in contact with you to discuss your options as to where the additional medical examination(s) are conducted.

What if I don't have any medical information or employment documents?

If you do not have any employment verification documents or medical information about your condition, icare will try to obtain these for you on your behalf. To allow us to do this, we will need you to complete and sign an Authority to Release Medical Records form and if required, an Authority to Release Employment Records form.

What other supporting documents do I need to provide?

In order to process your application we will require copies of supporting documentation regarding your identity, income and dependency. Some examples include, but are not limited to, copy of your driver license, pension card, medicare card and/or income statements.

Do I have to provide these documents with my application?

No, you do not have to provide any of the above required documents at the time of submitting this application form. However, you may choose to provide copies of them at this time if it is convenient for you to do so. Once your application has been submitted, we will contact you to discuss what is required and to arrange the collection of the required documents in a manner and at a time that is convenient to you.

How will my claim be determined?

icare will provide the Medical Assessment Panel with your supplied medical information, supporting documents and an Industrial History Statement and/or Report. This information will be used to confirm whether you have a compensable dust disease and, if so, what your level of disability is and how much of your disease is related to your exposure to dust in employment in NSW.

Your assigned icare team member will be in contact with you during the application process and they will contact you as soon as your claim has been determined.