



Workers' Compensation Dust Diseases Board of NSW
Making A Difference®

FORM ONE
Application by Worker for Medical Examination

WORKERS' COMPENSATION (DUST DISEASES) ACT 1942

Under privacy laws, you have the right to find out why we are collecting this information, if it is compulsory and what are we going to do with it. You also have rights to access and correct any information held about you. To find out more, contact us on 1800 550 027 and ask to speak to the Privacy Contact Officer. If you need an interpreter, call 131 450.

BOSNIAN

U skladu sa zakonima o privatnosti, imate pravo saznati zašto prikupljamo ove informacije, ako je to obavezno i što ćemo s njima učiniti. Također imate pravo pristupa i ispravki svih informacijama koje držimo o Vama. Ako želite saznati više, nazovite nas na (1800 550 027) i tražite da razgovarate s Privacy Contact Officer-om. Ako su vam potrebne usluge tumača, nazovite 131 450.

CROATIAN

Na temelju zakona o privatnosti, Vi imate pravo saznati zašto prikupljamo ove informacije, ako je to obavezno i što ćemo s njima učiniti. Također imate pravo pristupa i ispravki svih informacijama koje posjedujemo o Vama. Ako želite doznati više, nazovite nas na (1800 550 027) i tražite da razgovarate s Privacy Contact Officer-om. Ako trebate tumača, nazovite 131 450.

GREEK

Σύμφωνα με τους νόμους περί προστασίας Ιδιωτικού Απορρήτου έχετε δικαίωμα να μάθετε γιατί συλλέγουμε αυτές τις πληροφορίες, αν είναι υποχρεωτικό και τι σκοπεύουμε να τις κάνουμε. Έχετε επίσης δικαίωμα πρόσβασης και διόρθωσης οποιασδήποτε πληροφορίας που τηρείται για σας. Για περισσότερες πληροφορίες επικοινωνήστε μαζί μας στο (1800 550 027) και ζητήστε να μιλήσετε με τον Privacy Contact Officer. Αν χρειάζεστε διερμηνέα τηλεφωνήστε στο 131 450.

ITALIAN

Ai sensi delle leggi sulla riservatezza (privacy), avete il diritto di sapere perché stiamo raccogliendo queste informazioni, se ciò è obbligatorio e che cosa ne faremo. Avete anche il diritto di accesso a qualsiasi informazione che custodiamo su di voi e di correggerla. Per saperne di più, contattateci al numero (1800 550 027) e chiedete di parlare al Privacy Contact Officer. Se avete bisogno di un interprete, chiamate il numero 131 450.

MACEDONIAN

Според законите за заштита на лични податоци, имате право да дознаете зошто ги земаме овие податоци, дали тоа е задолжително и што планираме да правиме со нив. Вие исто така имате право да ги добиете сите податоци кои ги чуваме за вас и да правите поправки. За да дознаете повеќе, телефонирајте ни на (1800 550 027) и побарајте да зборувате со Privacy Contact Officer. Ако ви треба преведувач, телефонирајте на 131 450.

MALTESE

Skond il-ligijiet ta' privatezza, inti ghandek id-dritt li tkun taf ghalieq qeghdin nigbru din l-informazzjoni, jekk hix ta' bil-fors u x'se naghmlu ahna biha. Ghandek ukoll dritt ghal access u biex tikkoregi kull informazzjoni mizmuma dwarek. Biex tkun taf aktar, ikkuntattjana fuq (1800 550 027) u itlob li tkellem lill-Privacy Contact Officer (Ufficjal ta' Kuntatt dwar Privatezza). Jekk ghandek bzonn ta' interpretu, cempel 131 450.

PORTUGUESE

De acordo com as leis da privacidade, a pessoa tem direito a saber por que estamos a recolher estas informações, se essa recolha é obrigatória e o que vamos fazer com essas informações. A pessoa também tem direito a obter acesso e corrigir quaisquer informações arquivadas que lhe digam respeito. Para obter mais pormenores, contacte-nos no número (1800 550 027) e peça para falar com o Privacy Contact Officer. Se precisar de intérprete, telefone para o número 131 450.

Serbian

У складу са законима о приватности, имате право да сазнаете зашто скупљамо ове информације, ако је то обавезно и шта ћемо урадити с њима. Ваше је право такође да имате приступ и да можете да исправите све информацијама које имамо о вама. Ако желите да сазнаете више, обратите нам се на (1800 550 027) и затражите да разговарате са Privacy Contact Officer-ом. Ако вам је потребан тумач, назовите 131 450.

SPANISH

De acuerdo a las leyes sobre privacidad, usted tiene derecho a averiguar por qué estamos recopilando esta información, si es obligatoria y cómo la utilizaremos. Tiene asimismo derecho a acceder y corregir cualquier información sobre su persona. Para informarse mejor, contáctenos llamando al (1800 550 027) y pida hablar con el Privacy Contact Officer. Si necesita un intérprete, llame al 131 450. Gracias.

TURKISH

Saklılık yasaları uyarınca bu bilgileri neden topladığımızı, zorunlu olup olmadığını ve bu bilgileri ne yapacağımızı öğrenmeye hakkınız vardır. Ayrıca, hakkınızda elde bulunan bilgilerin neler olduğunu bilmek ve düzeltmek hakkınız da vardır. Daha fazla bilgi için bizi (1800 550 027) numaralı telefondan arayarak Privacy Contact Officer ile konuşmak istediğinizi söyleyin. Tercümana gereksinmeniz varsa 131 450 numaraya telefon edin.

VIETNAMESE

Chiều theo đạo luật về đời tư, bạn có quyền tìm hiểu lý do tại sao chúng tôi thu thập thông tin này, nó có phải là điều bắt buộc hay không và chúng tôi sẽ làm gì với nó. Bạn cũng có quyền được xem và sửa chữa bất cứ thông tin nào về bạn được lưu trữ. Muốn tìm hiểu thêm xin hãy liên lạc với chúng tôi, số (1800 550 027) và yêu cầu được gặp 'Privacy Contact Officer'. Nếu cần thông ngôn viên xin gọi số 131 450.Ế

For Office Use Only

Date Entered:
D D M M Y Y Y Y

File No:

PERSONAL DETAILS



Please ensure that ALL the questions are answered to assist us in processing your claim in a timely manner. If you have any questions about this form you may telephone us toll free on 1800 550 027 or (02) 8223 6600

1. Your Full Name (Use BLOCK LETTERS)

Mr Mrs Miss Ms

Family Name:

First Name:

Second Name(s):

2. Birth Details

Gender (please tick ✓) Male Female

Date of Birth:
D D M M Y Y Y Y Country of Birth: _____

3. Do you require an interpreter?

Yes: Language _____ No

4. (a) Home Address (the address where you live)

Street Number: Street Name:

Suburb: State:

Postcode: Country:

(b) Postal Address (If same as above write 'AS ABOVE')

Street Number: Street Name:

Suburb: State:

Postcode: Country:

5. Contact Details

Home: Mobile:

Business: Fax:

Email: _____

6. Marital Status

Single Married Divorced De facto Widowed

Name of Partner (if applicable): _____

MEDICAL DETAILS

7. Do you know whether you suffer from any dust-related disease or condition? (please tick ✓)

Mesothelioma Lung Cancer Unknown

Other (specify) _____

8. Details of Current Doctor / General Practitioner

Doctor's Full Name: _____

Street name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____ Telephone No: () _____

Date last seen:

D	D	M	M	Y	Y	Y	Y

9. Details of Current Respiratory Physician / Specialist (if applicable)

Respiratory Physician / Specialist's Full Name: _____

Street name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____ Telephone No: () _____

Date last seen:

D	D	M	M	Y	Y	Y	Y

10. Details of Oncologist (Cancer Specialist) / Surgeon (if applicable)

Oncologist / Surgeon's Full Name: _____

Street name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____ Telephone No: () _____

Date last seen:

D	D	M	M	Y	Y	Y	Y

11. Do you give permission for the DDB to provide the results of your medical examination to your treating doctor?

(Please tick ✓) Yes No

12. Have you had any NON-OCCUPATIONAL dust exposure? (eg. During home renovations etc) If yes, please specify

(Please tick ✓) Yes _____ No Unsure

EMPLOYMENT HISTORY

13. Please complete the following details relating to your employment. Include ALL Australian and overseas employment details.

- This information is required for the purposes of assessing your application and should be completed with as much detail as possible and to the best of your knowledge.
- It is essential that you name the State for all Australian employers listed.
- Please attach documents confirming your employment eg. Group certificate, reference or termination statements where available.
- You may add additional pages if there is insufficient space for all employment details on this form.

DETAILS	DETAILS OF DUTIES	DETAILS OF CO-WORKER WHO CAN CONFIRM YOUR EMPLOYMENT (e.g. Manager, foreman or fellow worker)
Employer One		
Start Date: _____ End Date: _____ Name: _____ Address: _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ Description: _____ Dust Exposure: _____	Name: _____ Address: _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant: _____ Phone: _____
Employer Two		
Start Date: _____ End Date: _____ Name: _____ Address: _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ Description: _____ Dust Exposure: _____	Name: _____ Address: _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant: _____ Phone: _____

EMPLOYMENT HISTORY - Continued

DETAILS	DETAILS OF DUTIES	DETAILS OF CO-WORKER WHO CAN CONFIRM YOUR EMPLOYMENT (e.g. Manager, foreman or fellow worker)
Employer Three		
Start Date: _____ End Date: _____ Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ Description: _____ Dust Exposure: _____ _____ _____	Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant : _____ Phone: _____
Employer Four		
Start Date: _____ End Date: _____ Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ Description: _____ Dust Exposure: _____ _____ _____	Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant : _____ Phone: _____

EMPLOYMENT HISTORY - Continued

DETAILS	DETAILS OF DUTIES	DETAILS OF CO-WORKER WHO CAN CONFIRM YOUR EMPLOYMENT (e.g. Manager, foreman or fellow worker)
Employer Five		
Start Date: _____ End Date: _____ Name : _____ Address: _____ _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ _____ Description: _____ _____ Dust Exposure: _____ _____ _____	Name : _____ Address: _____ _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant : _____ Phone: _____
Employer Six		
Start Date: _____ End Date: _____ Name : _____ Address: _____ _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ _____ Description: _____ _____ Dust Exposure: _____ _____ _____	Name : _____ Address: _____ _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant : _____ Phone: _____

EMPLOYMENT HISTORY - Continued

DETAILS	DETAILS OF DUTIES	DETAILS OF CO-WORKER WHO CAN CONFIRM YOUR EMPLOYMENT (e.g. Manager, foreman or fellow worker)
Employer Seven		
Start Date: _____ End Date: _____ Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ Description: _____ Dust Exposure: _____	Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant : _____ Phone: _____
Employer Eight		
Start Date: _____ End Date: _____ Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ Description: _____ Dust Exposure: _____	Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant : _____ Phone: _____

EMPLOYMENT HISTORY - Continued

DETAILS	DETAILS OF DUTIES	DETAILS OF CO-WORKER WHO CAN CONFIRM YOUR EMPLOYMENT (e.g. Manager, foreman or fellow worker)
Employer Nine		
Start Date: _____ End Date: _____ Name : _____ Address: _____ _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ _____ Description: _____ _____ Dust Exposure: _____ _____ _____	Name : _____ Address: _____ _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant : _____ Phone: _____
Employer Ten		
Start Date: _____ End Date: _____ Name : _____ Address: _____ _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ _____ Description: _____ _____ Dust Exposure: _____ _____ _____	Name : _____ Address: _____ _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant : _____ Phone: _____

EMPLOYMENT HISTORY - Continued

DETAILS	DETAILS OF DUTIES	DETAILS OF CO-WORKER WHO CAN CONFIRM YOUR EMPLOYMENT (e.g. Manager, foreman or fellow worker)
Employer Eleven		
Start Date: _____ End Date: _____ Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ Description: _____ Dust Exposure: _____	Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant : _____ Phone: _____
Employer Twelve		
Start Date: _____ End Date: _____ Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Phone: _____	Occupation: _____ Description: _____ Dust Exposure: _____	Name : _____ Address: _____ State: _____ Post Code: _____ Country: _____ Relationship to Applicant : _____ Phone: _____

ASSISTANCE GIVEN TO COMPLETE THIS APPLICATION

1. If assistance is required in completing this form please complete either A, B, or C of the following:

- A.** The details in this application form were completed by me on behalf of the Applicant and the contents of the Application and the Board's Privacy Disclosure Statement were read by me to the Applicant and the Applicant indicated his/her consent and the truth of the answers contained herein.

Signature of DDB Officer: _____

Print Name: _____

DDB Position: _____ Date:

D	D	M	M	Y	Y	Y	Y

- B.** The details in this application form were completed by me on behalf of the Applicant and the contents of the Application and the Board's Privacy Disclosure Statement were read by me to the Applicant and the Applicant indicated his/her consent and the truth of the answers contained herein.

Signature: _____

Print Name: _____

Relationship to Applicant: _____ Date:

D	D	M	M	Y	Y	Y	Y

(e.g. Legal representative, spouse, partner, family member over the age of 18 years authorised by a Power of Attorney or appointed as Guardian)

- C.** I assisted in the completion of this application form by reading the questions to the Applicant in the _____ language and translated his/her responses to each question from the _____ language to the English language. The Applicant indicated his/her consent and the truth of the answers contained herein.

I also read the Board's Privacy Disclosure Statement to the Applicant in the _____ language.

Signature of Interpreter/Translator: _____

Print Name: _____ Date:

D	D	M	M	Y	Y	Y	Y

DECLARATION BY APPLICANT

1. I hereby declare that the information supplied and the replies given in this application are, to the best of my belief, true in every respect.

I am aware that the regulations under the Act provide that an Applicant who fails without just cause or excuse to furnish full and correct information regarding his/her industrial or medical history or dependents or other material matter when required by the Workers' Compensation (Dust Diseases) Board or the Medical Authority shall be liable to a penalty under the Act.

I acknowledge that I have been given, have read or have had read to me a copy of the Board's Privacy Disclosure Statement and I authorise the Dust Diseases Board to collect, hold and use my personal information in accordance with the Board's stated privacy policy for the purposes of processing my application for medical examination and compensation. I acknowledge that the Dust Diseases Board may use my information for the purposes of investigation and assessment of other claims involving the same employers.

Signature of Applicant

Name of Witness

Date

Signature of Witness

D	D	M	M	Y	Y	Y	Y

Relationship to Applicant:

Telephone Number:

2. Do you give authority for another person to provide information and/or make enquires on your behalf?

(Please tick ✓) Yes, give details below No

Name of Authorised Person: _____

Relationship to Applicant: _____

Address: _____

_____ Phone Number: _____

3. The Dust Diseases Board is involved in research into dust diseases. Some people applying to the DDB may be suitable candidates for particular research projects. These research projects are all approved by a properly constituted research ethics committee. Are you willing to be contacted by researchers?

(Please tick one box only ✓)

Yes, I am willing to be contacted by researchers

No, I am not willing to be contacted by researchers

Please Note

- If you agree to be contacted, that does not mean you will have to agree to a particular research project. You can consent or refuse consent for any research project.
- The DDB guarantees that your decision about being involved in research will not have any effect on your application for compensation

This form should be addressed to:

Workers' Compensation (Dust Diseases) Board

Level 2

82 Elizabeth Street

SYDNEY NSW 2000

Telephone: (02) 8223 6600

Facsimile: (02) 8223 6699

Toll Free: 1800 550 027

Email: enquiries@ddb.nsw.gov.au

Web: ddb.nsw.gov.au

Level 2
82 Elizabeth Street
Sydney NSW 2000

Telephone: (02) 8223 6600
Facsimile: (02) 8223 6699
Toll Free: 1800 550 027

Email: enquiries@ddb.nsw.gov.au
Web: www.ddb.nsw.gov.au

PRIVACY DISCLOSURE STATEMENT

Please detach this page for your records.

Your Right to Privacy:

The DDB collects personal and health information about you in order to assist us in assessing your correct entitlements to workers' compensation payments and other associated benefits such as assistance with the payment of medical and hospital treatments.

As a NSW Government Agency the DDB is bound to protect your privacy under the Privacy and Personal Information Act 1998 and the Health Records and Information Privacy Act 2002. These Acts provide you with a number of rights including:

- The right to be told why your personal & health information is being collected and whether it can be given to anyone else;
- Your personal & health information can only be collected for lawful purposes;
- The right to request to see what information is held about you and have it corrected if it is incorrect, out of date or incomplete;
- The right to have your personal & health information stored securely and protected from unauthorised access or misuse;
- The right to know how your personal & health information is being used.
- The right to complain to the DDB if you believe that your privacy has been violated.

Personal and Health Information collected by the DDB:

Personal and health information collected by the DDB required to assess and administer your workers' compensation claims may include:

- Results of any tests or procedures;
- Information about your past clinical history (eg. hospital and/or previous test results);
- Other health information provided by your treating doctor and/or specialists;
- Payment and administrative information such as your tax file number, bank account details, earnings from employment, etc;
- Information about your dependants including their names, dates of birth, income and confirmation of their status as a full time student.
- Your employment history, including names of employers and duties undertaken.
- Information from third parties such as your treating doctor, specialist, employer, former co workers, etc.

How we use your information:

The DDB may use your information for the purposes of:

- Making an assessment of your health status for the purpose of determining eligibility & appropriate rate of workers' compensation payments;
- Assessing any entitlements that your dependants may have to receive workers' compensation benefits as a surviving spouse or dependant child;
- Assessing your eligibility to receive assistance with the payment of medical, hospital and ambulance related expenses;
- DDB approved medical research purposes;
- The DDB's investigation and assessment of other claims involving the same employers.

Accuracy of your information:

The DDB endeavours to ensure the information about you that we collect, use and disclose is up to date and accurate. We ask that you help us in ensuring the accuracy of your information by keeping us informed of any changes to your personal and health information.

To ensure that your information is correct and up to date we may sometimes ask that you provide us with documentation from third parties to verify the accuracy of your information.

If you have concerns that information held about you by the DDB is incorrect, out-of-date or incomplete please contact the DDB's Records Management Unit on 1800 727 333.

Disclosure of your information:

The DDB may sometimes need to disclose information about you to organisations and individuals outside of the DDB for medical, ethical, legal and/or procedural reasons. These may include:

- Consultant medical specialists or organisations outside of the DDB for further advice and/or tests relating to your medical condition;
- To a representative nominated by yourself to provide or request information on your behalf;
- To your legal representative whom you have authorised to act on your behalf;
- To your treating doctors and other medical service providers;
- To other Government Departments, such as ATO and Centrelink, where legislation requires;
- Contractors who (under strict privacy guidelines) assist us in some of our business operations eg. information technology consultants, administrative personnel, etc
- Medicare or your private health fund provider for the purpose of benefits payable.

In normal circumstances, the DDB will not disclose your personal or health information to other individual's or organisations without first obtaining your consent.

Storage

The DDB is committed to ensuring that your personal and health information is stored in a secure manner through the implementation of secure information systems and operational policies and procedures.

Your personal and health information will only be accessible by those persons who require access to your information in the course of their employment.

Access to your information:

You have the right to access your personal and health information held by the DDB. If you would like to access information about you held by the DDB please contact the Privacy Contact Officer 1800 727 333.

What to do if you think your Privacy has been breached?

If you believe that the DDB has breached your privacy in any way you have the right to complain by seeking an internal review in writing. Requests for internal review can be made by completing a "Privacy Complaint: Internal Review Application Form" that can be obtained by contacting the DDB.

Your complaint will be investigated and a letter of reply will be sent to you within 60 days of receiving your complaint.

If you are not happy with the DDB's response to your complaint you can refer the matter to the NSW Privacy Commissioner