



APPLICATION FORM - WORKHEALTH CHECKS

1. Things you need to do before applying:

- Read the WorkHealth check guidelines available on workhealth.vic.gov.au.
- Read the terms and conditions provided in the Funding Agreement.
- Complete the Declaration section of the Application Form.

If your organisation has multiple WorkSafe Insurance Policies please contact WorkHealth before submitting your application.

For help filling out this form

Phone: 1800 136 089.

How to submit this form

Mail: WorkHealth
WorkSafe Victoria
GPO Box 4306
Melbourne VIC 3001

Facsimile: (03) 9641 1952

2. Contact Information

Legal Name of Employer

Business / Trading Name

Street Address

Town / Suburb

State

Postcode

Postal Address (if different from above)

Town / Suburb

State

Postcode

Does your organisation have an annual remuneration of \$10m or above Victoria-wide? Yes No

Total Number of Workers (including part time and contract workers, trainees and apprentices) in Victoria:

Australian Business Number (ABN)

WorkSafe Injury Insurance Number [Employer number]. *Please provide your WorkSafe Injury Insurance Number*

OR Self Insured Organisation

Authorised Representative

This is the individual with authority to apply.

Title

First Name

Last Name

Position Title

Telephone

Mobile

Fax

Email

Does your organisation agree to be contacted by WorkSafe or an agent to participate in future research (estimated at no more than 20 minutes)? Yes No

2. Contact Information (cont.)

Employer Payment Details

This information is required in order for WorkSafe to reimburse you for all or part of the costs incurred in obtaining WorkHealth checks.

Do you wish WorkSafe to reimburse your organisation by electronic funds transfer (EFT)?

YES - please advise of your banking details below.

NO - WorkSafe will forward a cheque reimbursement to your organisation.

Bank Name

Bank Account Name (Payee Name)

Branch Number / BSB

Bank Account Number (Payee Account Number)

3. Nominated Worksites

Please provide details of all the worksites that will receive WorkHealth checks. If the WorkHealth checks are across multiple locations, please complete and attach the WorkHealth Location Template. This template can be found at workhealth.vic.gov.au.

Worksite - Address

Town/Suburb

State

Postcode

Local Council

Total Number of Workers (including part time and contract workers, trainees and apprentices) at this Worksite

Expected Number of Participating Workers at this Worksite

4. Endorsed Service Provider Allocation

Organisations with annual remuneration of under \$10m (Victoria only)

An endorsed service provider will be allocated, and you will be fully reimbursed

Organisations with annual remuneration of \$10m or over (Victoria only)

Tick this box if you would like WorkSafe to allocate a cost neutral (no gaps) endorsed service provider. Alternatively, WorkSafe will contact you to assist with your selection.

Identification Number:

If your organisation has been contacted by a prospective endorsed service provider and you wish to nominate them, please enter their identification number:

If you have any questions please call 1800 136 089.

5. Declaration

In submitting this application, all signatories to this application 1) accept the terms and conditions of the Funding Agreement and 2) declare that the information contained in the application, including all attachments, is to the best of their knowledge true, accurate and complete.

Signature

Print Name

Position Title

Date

6. Supporting Documents

Please provide details of any documents attached to the application.

WorkHealth Location Template (only if required – refer to Section 3 of this form).

7. How will information collected on this form be used?

Information will be used for processing and administering WorkHealth checks. It may also be used for evaluating the WorkHealth checks program.

WorkSafe Victoria (WorkSafe) may disclose information collected on this form to its contractors and agents and any person or organisation authorised by you, or by law, to obtain it.

Applicants should note that all information submitted to WorkSafe may be the subject of a request under the **Freedom of Information Act 1982 (Vic)**. WorkSafe will consult with an employer if a request relates to that organisation's commercial information.

OFFICE USE ONLY

Application Identification Number

Administration Officer Name

Date Received

Date Processed

Acquittal Date

Campaign Code