

Self-insured claim investigation application form (Section 183)

New application Renewal

Employer details

Business name	
Phone	Fax
Email	
Postal address	

Contact details

Name
Position
Phone
Postal address

Worker details

Name		
Address		
Date of birth ____ / ____ / ____	Claim number	Claim status/determination (e.g. open, undetermined)
Date of injury ____ / ____ / ____	Nature of injury	

Facts and grounds for application

(Please provide a detailed outline of the circumstances requiring investigation, including the grounds and reasons for undertaking the investigation, whether the information being sought relates to a matter arising under Return to Work Act 2014 (the Act), relevant section(s) of the Act and reasons why section 183 authority is required)

Proposed investigation to be undertaken

(Please provide a comprehensive list of all investigative tasks to be performed under the auspices of the section 183 authority, including witness names and purpose of statement / enquiry, specific documents / records sought, photographs to be taken at specific location etc.)

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External investigation company details

Nominated external investigation company	
Nominated external investigator	
Phone	Fax

Applicant signature

Name	
Signature	Date

The applicant, in making this application, acknowledges that:

1. The power to issue the section 183 authority rests solely with ReturnToWorkSA. Once issued, the investigation will be limited to the parameters which are outlined in that authority.
2. Any breach of this arrangement MAY constitute an unlawful use of the delegated section 183 authority and accordingly invalidate consequent legal proceedings.
3. All costs arising from the investigation are the responsibility of the self-insured employer.

Please complete this form and send to:

ReturnToWorkSA
GPO Box 2668
South Australia 5000

Phone: 13 18 55
Fax: 08 8233 2466
Email: enforcement@rtwsa.com
Website: www.rtwsa.com

To contact ReturnToWorkSA in a language other than English, please ring the Interpreting and Translating Centre on 1800 280 203 and ask them to contact us on 13 18 55.

This interpreting service is available at no cost to you.

If you need any information in braille, audio, e-text or large print, please call us on 13 18 55 and we will do our best to help you.

If you are deaf or have a hearing or speech impairment you can call ReturnToWorkSA through the National Relay Service (NRS):

- TTY users can phone 13 36 77 then ask for 13 18 55.
- Speak & Listen (speech-to-speech) users can phone 1300 555 727 then ask for 13 18 55.
- Internet relay users can connect to NRS on www.relayservice.com.au then ask for 13 18 55.

INVESTIGATION UNIT USE ONLY	Approved: _____	Date: _____	Further information required: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Sensitive: Personal (when completed)