

Request for exchange of information

Section 185, Return to Work Act 2014 (SA)

From

Name of person requesting the information	
Position	
Name of company or claims agent	
Address	Postcode
Telephone	Fax
Email	
Approved by	Date ___ / ___ / ____

To

ReturnToWorkSA OR Name of self-insured:

The following information is requested for claim number

Name of worker	Date of birth ___ / ___ / ____
Information sought (please specify exactly what it is you require)	
Reason for seeking information (please specify exactly why you require it)	

ReturnToWorkSA use only

Transfer of information approved by:		Date ___ / ___ / ____	
Received by Independent services	Date ___ / ___ / ____	Forwarded to	Date ___ / ___ / ____
Information received back	Date ___ / ___ / ____	Forwarded to	Date ___ / ___ / ____

Please complete this form and send to:

ReturnToWorkSA
GPO Box 2668
South Australia 5000

Phone: 13 18 55
Fax: 08 8233 2466
Email: foi@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.

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