APPLICATION FOR HOUSEHOLD AND/OR ATTENDANT CARE SERVICES

This form is used to collect information needed to determine the household services (including childcare) and/or attendant care services you require in accordance with the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act). This application must be signed by the employee and the treating doctor.

PRIVACY

WE ARE COMMITTED TO PROTECTING YOUR PRIVACY

EML operates under the Australian Privacy Principles and is committed to handling your personal information in accordance with the Privacy Laws and the Australian Privacy Principles.

We also operate in the ACT and follow the Territory Privacy Principles set out under the Information Privacy Act 2014 (ACT). Protecting your privacy and personal information is an important aspect of the way we manage our services.

To read more about our privacy statement, and how to contact the EML Group Privacy Officer, please visit the EML website.

Note:

- If you are, or will be, undertaking a rehabilitation (return to work) program, please discuss how this claim for household and/or attendant care services relates to your rehabilitation with your Case Manager.
- EML may require an assessment to be undertaken, such as by an occupational therapist, to assist in the consideration of your application

Here are some points to assist you to complete the form:

- Employees must complete Part A in full. If your answers do not fit in the space provided, please attach additional pages with the details including any supporting documents.
- When you have finished answering the questions, ensure you read and sign the declaration in section 4.
- Arrange for your treating practitioner to complete Part B in full before submitting the form to Comcare.

PART A - TO BE COMPLETED BY THE EMPLOYEE

1. **Employee's details**

Claim number		
Surname		
Given names(s)		
Residential address		
	State:	Postcode:
Contact details	Home:	
	Mobile:	
	Other:	
	Email:	
Date of injury		

2. **Details of household**

What is the size of your residence (E.G.: two bedroom flat, three bedroom house etc)				
Do you have anyone living with you?	☐ No (if no, go to question 4) ☐ Yes (if yes, please provide the following details)			
Who are the people living with you and what are their ages, occupations and the total hours per week they are engaged in activities? Please complete the table below for each member of your household.	**Name and relationship**	**Age**	**Occupation**	**Total hours per week engaged in activities (E.G.: work, education and scheduled recreational activities)**

3. What household (including childcare) or attendant care tasks do you require assistance with due to your accepted condition?

Specific task	Who performed task prior to injury?	How often?	How long does the task take?

Are you, or other members of your household, currently receiving household (including childcare) or attendant care services?	☐ No (If no, please go to question 4) ☐ Yes (if yes, please provide the following details)
Please specify the current services and hours being provided and how they are being funded:	
What is the full business name and contact details of the provider of these services (if applicable)?	

4. Employee's declaration

I declare that:

- The information I have supplied on this form and any other attachment is true and accurate.
- I am aware making a false or misleading claim or statement in support of my claim is punishable by law.
- I am aware any monies paid by EML as a result of a false or misleading statement or claim will be recovered.

Printed name: _____ Signature: _____ Date: _____

PART B—TO BE COMPLETED BY THE EMPLOYEE'S TREATING DOCTOR

5. Endorsement by Treating Doctor

Is the employee experiencing difficulty performing the tasks mentioned in section 3 above as a result of their work-related injury?

If yes, please describe the employee's physical limitations related their work-related injury impacting their ability to perform the tasks, and their current endurance performing the tasks?

In what timeframes do you expect the employee's need for services to reduce and cease as they recover? Please explain why?

Are there any factors unrelated to the employee's work related injury impacting their ability to perform the tasks?

6. Treating doctor's details

Treating doctor's name	
Contact number	
Address	
Signature	
Date	