

Notification about compensation relating to disability

Form 8-1

For use by, or on behalf of, a person with a disability, who has received, or may receive, an amount relating to the disability.

Disability Services Act 2006 Section 226

Under the *Disability Services Act 2006*, a person with a disability who, in relation to the disability

- is applying for, or is receiving
 - funding for disability services from the Department of Communities, Child Safety and Disability Services; or
 - disability services from another organisation funded by the Department of Communities, Child Safety and Disability Services; and
- has received, or may receive, an amount relating to the disability, must notify the Department of Communities, Child Safety and Disability Services
- if action has been taken to claim an amount in relation to the disability – of the type of action taken; and
- if an amount has been paid – of the date and amount of the payment; and
- if part or all of the amount relates to future care – of the amount that relates to future care.

Where another person applies for funding on behalf of a person with a disability, that person must notify the Department of Communities, Child Safety and Disability Services of the above matters.

Failure to notify the Department of Communities, Child Safety and Disability Services about compensation relating to a disability may be an offence under the *Disability Services Act 2006*.

HOW TO COMPLETE THIS FORM:

- **Part A** of this form should be completed with the personal details of the person applying for, or receiving, compensation relating to a disability.
- **Part B** of this form should be completed with the details of the compensation claim.
- **Part C** of this form should be completed only where another person applies for funding on behalf of a person with a disability.

YOUR PRIVACY

The information provided on this form is requested for the purpose of section 226 of the *Disability Services Act 2006*. This form will be stored in a secure facility and only authorised departmental officers will have access to the information. The information will not be disclosed to third parties without your consent or unless required to be disclosed by law.

Part A – Details of person applying for, or receiving, compensation relating to disability

Title: Mr Mrs Ms

Gender:

Family Name:

Given Name:

Middle Name:

(do not abbreviate)

Other names used

Home Address:

Mailing address: (if different from above)

Contact number:

Mobile:

Home:

Contact email:

Date of birth:

PART B – Details of compensation claim

• **Type of action taken to claim an amount relating to disability**

(Please tick the appropriate box or boxes and complete the information for the box or boxes ticked)

Proceeding in a court

- Name of defendant: _____
- Is the defendant insured in respect of the claim?

Yes No

- If the defendant is insured in respect of the claim, name and address of the defendant's insurer: _____

- If the defendant is insured in respect of the claim, name and address of the defendant's lawyer, or if the defendant is not represented by a lawyer, the address of the defendant: _____

Action under the *Workers' Compensation and Rehabilitation Act 2003* or an Act or law of another State, a Territory or the Commonwealth corresponding to that Act

- Name and address of employer: _____

- Claim Number: _____

Insurance claim

- Name and address of employer: _____

- Claim Number: _____

Other action taken under the common law or under an Act or law of a State or Territory or the Commonwealth (please provide details – attach separate sheet if necessary)

PART B – Details of compensation claim (continued)

- Has an amount been paid in respect of the claim?
 Yes No

- If an amount has been paid in respect of the claim
 - Date of payment: _____
 - Amount paid: _____

- Does part or all of the amount of the claim relate to future care?
 Yes No
 - If part or all of the amount of the claim relates to future care, how much of the amount relates to future care? _____

- Do you have a lawyer acting on your behalf in relation to your compensation claim?
 Yes No
 - Name of lawyer: _____
 - Mailing address of lawyer: _____
 - Telephone: _____
 - Mobile: _____
 - Facsimile: _____
 - Email: _____

PART C – Details of person completing this form on behalf of person applying for, or receiving, compensation relating to disability

Title: Mr Mrs Ms

Mailing address:

Family Name:

Given Name:

Contact number:

Middle Name:

Telephone:

(do not abbreviate)

Relationship to person with disability:

Mobile:

Facsimile:

Contact email:

RETURN TO

**Department of Communities, Child
Safety and Disability Services**
Disability Planning and Purchasing
GPO BOX 806 BRISBANE 4001
FACSIMILE 3006 8732