In accordance with the Section 41 of Workplace Injury and Rehabilitation Act 2013, you are required to disclose all pre-existing injury or disease that you have suffered or which you could reasonably foresee could be affected by the nature of the employment proposed in the position description provided.

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|  | **Name** |  | | | |  |
|  |  |  | | | |
|  | **Address** |  | | | |
|  |  |  | | | |
|  | **Position being offered** |  | | | |
|  | **Institute/School/Directorate/VCO:** | | | |
|  |  |  | | | |
|  | **Pre-existing injury/ disease** |  | | | |
|  |  |  | | | |
|  | **Potential relationship to/ impact on employment** |  | | | |
|  |  |  | | |  | |
|  | **Signature** |  |  | **Date** | |  |
|  |  | |
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| **S41(2) of the Act will apply if you fail to disclose or make a false or misleading disclosure.** |
| **EXTRACT**  **Workplace Injury and Rehabilitation Act 2013, Section 41:**  (1) Subsection (2) applies if it is proved that, before commencing employment with the employer–  (a) worker had a pre-existing injury or disease of which the worker was aware; and  (b) the employer in writing:  (i) advised the worker as to the nature of the proposed employment; and  (ii) requested the worker to disclose all pre-existing injuries and diseases suffered by the worker of which the worker was aware and could reasonably be expected to foresee could be affected by the nature of the proposed employment; and  (iii) advised the worker that subsection (2) will apply to a failure to make such a disclosure or the making of a false or misleading disclosure; and  (iv) advised the worker as to the effect of subsection (2) on the worker's entitlement to compensation; and  (c) the worker failed to make such a disclosure or made a false or misleading disclosure.  (2) If this subsection applies, any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury or disease arising out of or in the course of or due to the nature of employment with the employer does not entitle the worker to compensation under this Act. |

**If you have any queries regarding this matter, please contact People and Culture on 03 5327 9756.**

**Privacy**

The information on this form is collected for the primary purpose of ascertaining potential risks to your health and safety. If you choose not to complete all the questions on this form, it may not be possible for you to claim compensation under the Accident Compensation Act 1985. Personal information may also be disclosed to the relevant authorities under the Accident Compensation Act, including but not limited to Victorian WorkCover Authority and the University’s workers compensation insurance provider, Allianz Australia Insurance Limited. You have a right to access personal information that the University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at [privacyofficer@federation.edu.au](mailto:privacyofficer@federation.edu.au).