

CONTRACT CLEANING INDUSTRY UNABLE TO WORK DUE TO ILLNESS OR INJURY - WORKER



TO QUALIFY FOR ILLNESS OR INJURY SERVICE CREDITS OR PRESERVATION DAYS

You must have:

- Stopped employment on wages as a cleaner by an employer or as a contractor, in the NSW contract cleaning industry.
- A registered medical practitioner confirm you are unable to perform cleaning work, as a result of illness or injury.

PART 1 - PERSONAL DETAILS

Worker Registration Number

W											
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Date of Birth

D			M			Y				
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Given Name/s

Family Name

Number and Street or PO Box

Suburb/Town

State

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Postcode

--	--	--	--	--	--

Phone

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Mobile

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Email

PART 2 - FOR EMPLOYEES - Please provide your last employer details

Company/Business Name

Contact Person

Position

Number and Street or PO Box

Suburb/Town

State

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Postcode

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Phone

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Mobile

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My employment with the above employer was terminated on:

D			M			Y				
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NOTE: If you are unsure whether your termination date is the last day recorded by your employer or there is a gap between the date you were terminated and the period you were unfit to work, you will need to contact our Helpline on **13 14 41**.

Period unfit to work:

From

D			M			Y				
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To

D			M			Y				
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NOTE: If the period of illness is ongoing use the date of signing this form as the end date. These dates will be the same dates that your medical practitioner has declared as your period of incapacity. (See **PART 6**)



INTERPRETER SERVICES

If you need an interpreter, call **TIS National** on **13 14 50** and ask them to call **Long Service Corporation** on **13 14 41** or for more information visit www.tisnational.gov.au



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PART 3 - FOR CONTRACTORS

Period unfit to work: From

D		M		Y			
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 To

D		M		Y			
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NOTE: If the period of illness is ongoing use the date of signing this form as the end date. These dates will be the same dates that your medical practitioner has declared as your period of incapacitation. (See **PART 6**)

PART 4 - YOUR DECLARATION

I declare that the information I have given in this declaration is true and correct. By completing this form I am declaring that I did not perform paid work of any kind during the period I stated I was unfit to work. I make this declaration with the knowledge that a false or misleading statement may result in penalty of up to \$5,500 under the provisions of Section 101(a) of the *Contract Cleaning Industry (Portable Long Service Leave Scheme) Act 2010*:

Name Signature Date

D		M		Y			
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PART 5 - MEDICAL PRACTITIONER'S DETAILS

Medical Practitioner's Name Provider Number

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Number and Street or PO Box

Suburb/Town State

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 Postcode

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Phone

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 Mobile

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PART 6 - MEDICAL PRACTITIONER'S DECLARATION - FOR MEDICAL PRACTITIONERS USE ONLY

NOTE: All information in this section **MUST ONLY** be completed by a medical practitioner or the application will not be accepted by the Corporation. Any alterations made to the information in this section must be signed by the medical practitioner.

Medical Practitioner's Name

I, certify that

Patient's Name was unfit for work

Period unfit to work: From

D		M		Y			
---	--	---	--	---	--	--	--

 To

D		M		Y			
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NOTE: If the period of illness is ongoing use the date of signing this form as the end date.

I declare that the information I have given in this declaration is true and correct. I make this declaration with the knowledge that a false or misleading statement may result in penalty of up to \$5,500 under the provisions of Section 101(a) of the *Contract Cleaning Industry (Portable Long Service Leave Scheme) Act 2010*:

Medical Practitioner's Name Signature of Medical Practitioner

Date

D		M		Y			
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PART 7 - IF YOU ARE UNABLE TO HAVE THE DECLARATION (PART 6) COMPLETED BY YOUR MEDICAL PRACTITIONER YOU MUST ATTACH ONE OF THE FOLLOWING:

I have attached a copy of a medical certificate showing the exact dates I was unfit for work.

OR

I have attached a copy of a letter from my Worker's Compensation Insurer, showing the exact dates I was unfit for work.

RETURN

Please complete and return to:

 **Scan and email** to info@longservice.nsw.gov.au **or**  **Post** to Locked Bag 3000, Central Coast MC, NSW 2252

i FAQ'S**SERVICE CREDITS**

Additional days can be credited on your record for periods of illness or injury up to a maximum period of 3 months.

SERVICE PRESERVATION DAYS

For periods of illness or injury longer than 3 months, service preservation days may be recorded. Service preservation days do not add service to your record. These days extend the time you are not working in the industry before your registration is cancelled or suspended.

HAS YOUR EMPLOYMENT BEEN TERMINATED?

If your employment has not been terminated, your paid time off work due to illness or injury, is included in employment details sent to us by your employer. However, if your employment has been terminated, you should apply for any periods of illness or injury after termination to be added to your record.

WHAT HAPPENS AFTER THE CORPORATION RECEIVES YOUR APPLICATION?

When your application and all the supporting documents are received, your application will be considered and you will be advised of the outcome. If your application is approved, you will also be advised of the number of days added to your record and/or the period of service preservation.