

STATUTORY RULES.

1949. No. .

REGULATIONS UNDER THE COMMONWEALTH EMPLOYEES' COMPENSATION ACT 1930-1948.*

I, THE GOVERNOR-GENERAL in and over the Commonwealth of Australia, acting with the advice of the Federal Executive Council, hereby make the following Regulations under the *Commonwealth Employees' Compensation Act 1930-1948*.

Dated this *seventeenth*
day of *November*, 1949.

W. J. McKELL

Governor-General.

By His Excellency's Command,

Sgd. J. B. CHIFLEY

Treasurer.

AMENDMENTS OF THE EMPLOYEES' COMPENSATION REGULATIONS.†

1. Regulation 14 of the Employees' Compensation Regulations is ^{Commonwealth} repealed and the following regulation inserted in its stead:— ^{authorities.}

"14. The authorities under the Commonwealth to employees of which the application of the Act shall extend shall be as follows:—

Australian Aluminium Production Commission;
Australian Broadcasting Commission;
Australian Commonwealth Shipping Board;
Australian Shipping Board;
Board of Management appointed under the *Australian War Memorial Act 1925*;
Bush Fire Council appointed under the *Careless Use of Fire Ordinance 1936-1946* of the Australian Capital Territory;
Canberra Community Hospital Board;
Commonwealth Bank of Australia;
Commonwealth Scientific and Industrial Research Organization;
Commonwealth Railways Commissioner;
Commonwealth Savings Bank of Australia;
Director of Shipping;
Overseas Telecommunications Commission (Australia);
R.A.A.F. Canteens Service Board;
Rifle Clubs, State Rifle Associations and District Rifle Club Unions, formed or established in accordance with the Australian Rifle Club Regulations;
Trustees of the Services Canteens Trust Fund."

2. Regulation 15 of the Employees' Compensation Regulations is ^{Special liability} amended by omitting the word "and" and inserting in its stead the ^{of} word "or". ^{Commonwealth.}

* Notified in the *Commonwealth Gazette* on *1949*.
† Statutory Rules 1945, No. 23, as amended by Statutory Rules 1946, No. 37; 1947, Nos. 27 and 132; and 1948, No. 13.
3944.—PRICE 5d. 10/11.10.1949.

3. Regulation 19 of the Employees' Compensation Regulations is amended by inserting after the words "post office," the words "an adult permanent officer of the Public Service of the Commonwealth,".

4. The Schedule to the Employees' Compensation Regulations is repealed and the following Schedule inserted in its stead:—

“ THE SCHEDULE.

FORM A.
Regulation 3.

Commonwealth Employees' Compensation Act 1930-1948.

CLAIM FOR COMPENSATION.

CLAIM BY INCAPACITATED EMPLOYEE.

To—

I, [here write full name] of [here write full postal address] hereby claim compensation under the above-mentioned Act in respect of personal injury sustained by me and arising out of or in the course of my employment by the Commonwealth and declare that, to the best of my knowledge and belief, the following replies to the questions and requests for information are true and correct in every particular:—

Questions and Requests for Information.	Replies.
On date of injury you were employed :— (a) In what precise capacity ? (b) By what Department or Authority ? If you were a member of the Naval, Military or Air Force of the Commonwealth at date of injury— (c) What was your rank ? (d) What was your unit ?	
If you are claiming in respect of incapacity arising from injury by accident :— (a) What is the nature of your injury ? (b) At what hour did injury occur ? (c) On what date did injury occur ? (d) Where did injury occur ? (e) Describe briefly how injury was caused (f) Were you incapacitated for work ? (g) On what date were you incapacitated for work ? (h) Give names of any persons who were present at time of accident or immediately afterwards (i) If accident occurred whilst travelling to or from place of employment, training school or any place to obtain a medical certificate or to receive medical, surgical or hospital treatment or compensation in respect of a previous injury, give particulars of journey	
If you are claiming in respect of incapacity arising from a disease :— (a) What is nature of disease ? (b) How was disease caused ? (c) When was disease caused ? (d) When were you first incapacitated by such disease ? (e) For what period were you engaged in your employment ? (f) If you have previously suffered from such disease, state :— (i) Approximate date on which such disease first manifested itself (ii) Extent to which such disease interfered with your employment	

Questions and Requests for Information.	Replies.
Was notice of accident or incapacity served ?	
On whom was notice served ?	
On what date was notice served ?	
Have you engaged in any employment since date of your injury or commencement of incapacity ?	
If so, give full particulars	
State wages received	
If this claim is made more than six months after occurrence of accident or commencement of incapacity, give reasons for failure to make claim within that period	
Are you receiving or entitled to receive from the Commonwealth any payment, allowance or benefit in respect of your incapacity under— (a) <i>Australian Soldiers' Repatriation Act 1920-1949</i> , e.g., pension ; (b) <i>Social Services Consolidation Act 1947-1949</i> , e.g., unemployment, sickness, or rehabilitation benefits or invalid pension ; (c) any other law (other than <i>Commonwealth Employees' Compensation Act 1930-1948</i>)? If so, give particulars	
Have you any other claim against the Commonwealth or any person for compensation or damages or for any payment (other than payment under an insurance policy privately effected by you or from a friendly society) in respect of the incapacity ?	
Give particulars of one of following :— (a) wife of employee ; or (b) female over age of 16 years caring for a child wholly or mainly dependent upon employee's earnings and under age of 16 years ; or (c) female member of employee's family over 16 years of age Was she wholly or mainly dependent upon employee's earnings at date of injury ? Has she continuously remained so dependent ? Is she now so dependent ? If not, state extent of dependence	

Full name of each child under 16 years of age dependent upon employee's earnings.	Age.	Date of birth.	Relationship to employee.	State whether wholly, mainly or partially dependent upon employee's earnings at date of injury.

Declared at on the day of , 19 .

Signature of Declarant.
Before me—

Commonwealth Employees' Compensation Act 1930-1948.

CLAIM FOR COMPENSATION.

CLAIM BY DEPENDANT OF EMPLOYEE.

To—

I, [here write full name] of [here write full postal address] hereby claim compensation under the abovementioned Act for myself and children named below in respect of the death of [here write full name of deceased employee] and declare that, to the best of my knowledge and belief, the following replies to the questions and requests for information are true and correct in every particular:—

Questions and Requests for Information.	Replies.
On date of injury, above-named employee was employed :— (a) In what precise capacity ? (b) By what Department or Authority ? If he was a member of the Naval, Military or Air Forces of the Commonwealth at date of injury— (c) What was his rank ? (d) What was his unit ?	
If death of employee was caused by injury by accident :— (a) What was nature of injury ? (b) At what hour did injury occur ? (c) On what date did injury occur ? (d) Where did injury occur ? (e) Describe briefly how injury was caused (f) Give names of any persons who were present at time of accident or immediately afterwards (g) If accident occurred whilst employee was travelling to or from place of employment, training school or any place to obtain a medical certificate or to receive medical, surgical or hospital treatment or compensation in respect of a previous injury, give particulars of journey	
If death of employee was caused by a disease :— (a) What was nature of disease ? (b) How was disease caused ? (c) When was disease caused ? (d) When was employee first incapacitated by such disease ? (e) For what period was employee engaged in his employment ? (f) If employee ever previously suffered from such disease, state :— (i) Approximate date on which such disease first manifested itself (ii) Extent to which such disease interfered with his employment	
Was notice of accident or incapacity served ? On whom was notice served ? On what date was notice served ?	
What is your relationship to deceased employee ?	
Were you wholly dependent upon employee's earnings at date of his death ?	
Were you in part dependent upon employee's earnings at date of his death ? If so, give full particulars	

Questions and Requests for Information.	Replies.
Was any other person contributing towards your maintenance at date of employee's death ? If so, give full particulars	
Were you in receipt of a pension or other payment (other than Child Endowment) from the Commonwealth at the date of employee's death ? If so, give particulars	
Did you at date of employee's death have any other means of support ? If so, give full particulars	
Are you receiving or entitled to receive from the Commonwealth in respect of the death of the employee, or was the employee receiving or entitled to receive, any payment under— (a) <i>Australian Soldiers' Repatriation Act 1920-1949</i> , e.g., pension ; (b) any other law (other than <i>Commonwealth Employees' Compensation Act 1930-1948</i>)? If so, give particulars	
Have you any other claim against the Commonwealth or any person for compensation or damages or for any payment (other than a payment under an insurance policy privately effected by employee or from a friendly society) in respect of death of employee ?	
Give names, addresses and relationships to deceased employee of all other persons (except children) known to you, who were dependent upon his earnings at date of his death	
If this claim is made more than six months after employee's death, give reasons for failure to make claim within that period	

Full name of each child dependent upon deceased employee's earnings.	Age.	Date of Birth.	Relationship to deceased employee.	State whether wholly, mainly or partially (giving full particulars) dependent upon employee's earnings at date of his death.

Declared at

on the

day of

, 19

Signature of Declarant.
Before me—

FORM C.
Regulation 6.

COMMONWEALTH OF AUSTRALIA.

Commonwealth Employees' Compensation Act 1930-1948.

REPORT OF MEDICAL REFEREE, MEDICAL BOARD OR MEDICAL
PRACTITIONER.

*I,
We,
the *Commonwealth Employees' Compensation Act 1930-1948*, have this day
examined _____ of _____, whose
signature appears in the margin of this Form, a claimant for compensation
under the above-named Act. On examination—

*Medical Referee
a Medical Board under
Medical Practitioner

*I,
We, find that claimant is about _____ years of age and is suffering
from (a)

The above condition is the result of (b)
and is such that the claimant is thereby incapacitated at present to the extent
of _____ per cent. of total incapacity at his employment at the date of the
injury, and _____ per cent. of total incapacity in the general labour market.
Claimant is fit to undertake employment in such occupations as

(c) The above condition is the result of (d)
a disease which ^{*was} was not due to the nature of his employment by the
Commonwealth.

In ^{*my} _{our} opinion claimant ^{*has} has not previously suffered from the above-
mentioned disease.

General Remarks—

*Medical Referee.
Medical Board.
Medical Practitioner.

Date _____, 19 ____.

- * Strike out what is inapplicable.
(a) Fully describe claimant's general condition.
(b) State whether accident or disease.
(c) This part to be filled in only in case of claimant suffering from a disease.
(d) State nature of disease.

NOTE.—Attention is invited to the provisions of the Third Schedule to the
Act, copy of which is shown on the back of this form.

FORM D.
Regulation 10.

Commonwealth Employees' Compensation Act 1930-1948.

ELECTION UNDER SECTION 15.

NOTE.—Before making an election the employee should make himself fully
acquainted with the compensation or other benefits provided for under the
relative determination by the Public Service Arbitrator and under the *Common-
wealth Employees' Compensation Act 1930-1948*.

I, _____ of _____
being a person entitled to elect to take compensation or benefits under the
Commonwealth Employees' Compensation Act 1930-1948 or under the provisions
of a determination made by the Public Service Arbitrator appointed under the
Arbitration (Public Service) Act 1920-1947 in respect of personal injury by
accident arising out of or in the course of my employment by the Commonwealth,
hereby elect to take compensation or benefits under the *Commonwealth Employees'
Compensation Act 1930-1948*.

[Signature of Employee.]

Signed before me this _____ day of _____, 19 ____.

Signature of witness.

Occupation and address of witness.

Signature of Claimant—

Commonwealth Employees' Compensation Act 1930-1948.

RETURN OF PAYMENTS* MADE DURING THE YEAR ENDED
30TH JUNE, 19 .

DEPARTMENT or AUTHORITY	STATE				£	s.	d.
1. ‡Amount paid under Section 9 (General Accidents)—							
(a) in cases of incapacity			
(b) in cases of death			
2. ‡Amount paid under Section 9A (Travelling)—							
(a) in cases of incapacity			
(b) in cases of death			
3. ‡Amount paid under Section 10 (Diseases)—							
(a) in cases of incapacity			
(b) in cases of death			
4. ‡Amount paid under Section 12 (Specified Injuries) ..							
TOTAL AMOUNT OF COMPENSATION PAID DURING THE YEAR ..							
5. Amount paid in respect of medical, surgical, hospital and funeral expenses			
TOTAL AMOUNT PAID UNDER THE ACT DURING THE YEAR ..							
Number of injuries in respect of which compensation has been paid under the Act during the year‡			

Permanent Head or Chief
Officer of the Department or Authority.

Date

* Payments made under the Arbitration Determination or under any other Act should *not* be included in this return.
† Do *not* include in items 1, 2, 3 or 4 amounts paid in respect of medical, surgical, hospital and funeral expenses.
‡ The number here given should *not* include any injury in respect of which an amount of payment has been included in a previous return."