

WORKMEN'S COMPENSATION REGULATIONS*

Short title. 1. These Regulations may be cited as the Workmen's Compensation Regulations.*

Interpretation. 2.—(1.) In these Regulations "the Ordinance" means the *Workmen's Compensation Ordinance 1949-1950*.

(2.) Any reference in these Regulations to a form shall be read as a reference to a form in the Schedule to these Regulations.

Claim by employee. 3. A claim by a workman for compensation under the Ordinance shall be made in accordance with Form A and shall be delivered or sent by post in a registered letter to the person against whom the claim is made.

Claim by dependant. 4. A claim by a dependant for compensation under the Ordinance shall be made in accordance with Form B and shall be delivered or sent by post in a registered letter to the person against whom the claim is made.

Fees of medical referees. 5. The fees payable to a medical practitioner or a medical referee shall be as follows:—

| | £ | s. | d. |
|--------------------------------------|---|----|----|
| For a first examination | 2 | 2 | 0 |
| For any subsequent examination | 1 | 1 | 0 |

Form of medical certificate. 6. The medical practitioner or medical referee to whom any matter is referred shall give a certificate in accordance with Form C.

Medical examination. 7. A workman shall not be required to submit himself for medical examination pursuant to clause (5.) of the First Schedule to the Ordinance unless he has received personally or by post in a registered letter at least two clear days' notice of the time and place of examination.

Frequency of medical examinations. 8. A workman shall not, after the expiration of one month from the date on which the first payment of compensation was made, be required to submit himself for medical examination pursuant to clause (9.) of the First Schedule to the Ordinance except as follows:—

At reasonable hours, once a week during the second month, and once a month during the third, fourth, fifth and sixth months after that first payment, and thereafter, once every two months.

* The Workmen's Compensation Regulations, in force under the *Workmen's Compensation Ordinance 1949-1966*, comprise the following Regulations:—

| Year and Number. | Date on which made. | Date notified in Northern Territory Government Gazette. | Date of Commencement. |
|------------------|-----------------------|---|-----------------------|
| 1951, No. 1 .. | 11th January, 1951 .. | 24th January, 1951 .. | 24th January, 1951 |
| 1957, No. 16 .. | 9th October, 1957 .. | 16th October, 1957 .. | 16th October, 1957 |
| 1957, No. 17 .. | 21st October, 1957 .. | 30th October, 1957 .. | 30th October, 1957 |

9. Any employer who for the purpose of procuring the issue or renewal of a policy of insurance or indemnity supplies to an insurer any information which is false in a particular, or who wilfully fails to observe any of the terms of the policy or indemnity shall be guilty of an offence.

Employer not to give false particulars.

Penalty: Fifty Pounds.

10.—(1.) Every employer shall, not later than the thirtieth day of September in each year, furnish to the Administrator a return in respect of the period of twelve months ended on the thirtieth of June in that year, specifying—

Returns by employers.
Sub-reg. (1.) substituted by 1957, No. 16; amended by 1957, No. 17.

- (a) the name of the employer;
- (b) each establishment or industry in relation to which he is an employer;
- (c) the number of persons employed by him who were covered by insurance under the Ordinance during that period;
- (d) the amount of the premiums charged in respect of those persons during that period;
- (e) the date to which those premiums have been paid;
- (f) the number of injuries in respect of which compensation has been claimed under the Ordinance during that period;
- (g) the number of injuries in respect of which compensation has been paid under the Ordinance during that period; and
- (h) the total amount of compensation paid under the Ordinance during that period.

(2.) Every employer who fails to comply with the last preceding sub-regulation or who furnishes a return which is false in any particular, shall be guilty of an offence.

Penalty: Ten Pounds.

11. Strict compliance with the forms in the Schedule shall not be required and substantial compliance shall suffice for the purpose of these Regulations.

Compliance with forms.

12. Declarations under these Regulations may be made before any of the following persons:—

Declarations.

A postmaster or person in charge of a post office, a stipendiary or special magistrate, a justice of the peace, a barrister or solicitor, a school head teacher, a member of the police force, a legally qualified medical practitioner, a notary public, a commissioner for declarations, or a minister of religion.

THE SCHEDULE.

THE NORTHERN TERRITORY OF AUSTRALIA.

FORM A.

Workmen's Compensation Ordinance 1949-1950.

CLAIM FOR COMPENSATION BY INCAPACITATED WORKMAN.

To *

I _____ of _____ hereby claim compensation under the *Workmen's Compensation Ordinance 1949-1950* in respect of personal injury sustained by me and arising out of or in the course of my employment 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. |
|--|----------|
| In what capacity were you employed at the time of your injury? | |
| State the nature of your injury; also how, when and where it was caused. | |
| If you are claiming in respect of incapacity arising from an industrial disease:— (a) What is nature of the disease? .. (b) When was it caused? .. (c) When were you first incapacitated by such disease? (d) What was the nature of your employment and for what period were you engaged thereon? (e) If you have previously suffered from such disease state:— (i) The approximate date on which it first manifested itself. (ii) The extent to which it interfered with your employment. | |
| Was notice of the accident or incapacity served? | |
| If so, on whom, and on what date? | |
| Have you engaged in any employment since the date of your injury or incapacity? If so, give full particulars. | |
| If this claim is made more than six months after the occurrence of the accident or incapacity, give reasons for failure to make the claim within that period. | |
| Have you a claim against any person, firm or company for compensation, or for any payment in respect of the injury under any other law in force in the Territory or any other place? | |

THE SCHEDULE—continued.

If you have any living children under the age of sixteen years, give particulars:—

| Full names of children. | Date of birth. | Extent of dependence on employee at time of injury. |
|-------------------------|----------------|---|
| | | |

Declared at _____ on the _____ day of _____ 19 .

Signature of Declarant

†

Before me

‡

The claim should be addressed to the person, firm or company in or by which the workman was employed at the time of the accident.

† The person before whom this declaration is made should sign here and add the title by which he takes the declaration, such as "Postmaster", &c.

‡ The declaration may be made before any of the following persons :—

A Postmaster or person in charge of a post office, a stipendiary or special magistrate, a justice of the peace, a barrister or solicitor, a school head-teacher, a member of the police force, a legally qualified medical practitioner, a notary public, a commissioner for declarations, or a minister of religion.

THE NORTHERN TERRITORY OF AUSTRALIA.

FORM B.

Workmen's Compensation Ordinance 1949-1950.

CLAIM FOR COMPENSATION BY DEPENDANT OF WORKMAN.

To *

I _____ of _____ hereby claim compensation under the *Workmen's Compensation Ordinance* 1949-1950 for myself and the children named below in respect of the death of _____ 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. |
|---|----------|
| In what capacity was the above-named workman employed at the time of his injury? | |
| State the nature of such injury; also how, when and where it was caused. | |
| If the death of the workman was caused by an industrial disease:— (a) What was nature of disease? .. (b) When was it caused? .. (c) When was he first incapacitated by such disease? .. (d) What was the nature of his employment and for what period was he engaged thereon? (e) If he ever previously suffered from such disease, state :— (i) The approximate date on which it first manifested itself. (ii) The extent to which it interfered with his employment. | |

Workmen's Compensation Regulations.

THE SCHEDULE—continued.

| Questions and Requests for Information. | Replies. |
|---|----------|
| Was notice of the accident or incapacity served? If so, on whom and on what date? | |
| What is your relationship to the deceased person? | |
| Were you dependent upon his earnings at the time of his death? If so, state whether you were wholly dependent. | |
| If you were only in part dependent, give full particulars. | |
| Was any other person contributing towards your maintenance at the time of his death, or did you at that time have any other means of support? If so, give full particulars. | |
| Are you in receipt of an Invalid or Old-age Pension? If so, give particulars. | |
| Are you receiving or entitled to receive any payment under any law other than the <i>Workmen's Compensation Ordinance 1949-1950</i> in respect of the death of the aforesaid workman? If so, give particulars. | |
| Give the names, addresses and relationships to the workman, of all other persons (except children) known to you, who were dependent upon his earnings at the time of his death. | |
| If this claim is made more than six months after the accident or incapacity, give reasons for failure to make the claim within that period. | |
| Have you a claim against any person, firm or company for compensation, or for any payment in respect of the injury under any other law in force in the Territory or any other place? | |

| Full names of children of deceased workman. | Dates of Birth. | State whether wholly dependent on earnings of workman at time of his death. | If not wholly dependent, give full particulars. |
|---|-----------------|---|---|
| | | | |

THE SCHEDULE—continued.

Declared at on the day of 19 .

Signature of Declarant

†

Before me

‡

The claim should be addressed to the person, firm or company in or by which the workman was employed at the time of the accident.

† The person before whom this declaration is made should sign here and add the title by which he takes the declaration, such as "Postmaster", &c.

‡ The declaration may be made before any of the following persons :—

A Postmaster or person in charge of a post office, a stipendiary or special magistrate, a justice of the peace, a barrister or solicitor, a school head-teacher, a member of the police force, a legally qualified medical practitioner, a notary public, a commissioner for declarations, or a minister of religion.

[Front of form.]

THE NORTHERN TERRITORY OF AUSTRALIA.

FORM C.

Workmen's Compensation Ordinance 1949-1950.

REPORT OF MEDICAL REFEREE, OR MEDICAL PRACTITIONER.

I, , a Medical Referee appointed under the *Workmen's Compensation Ordinance* 1949-1950, or Medical Practitioner, have this day examined of , a claimant for compensation under the abovenamed Ordinance. On examination—

I find that claimant 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 usual occupation,
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 a result of a certain industrial disease namely
due to the nature of the employment in which the claimant
was employed, namely that of

In my opinion claimant * has previously suffered from the abovementioned
industrial disease. The disease * is of such a nature as is contracted by a gradual
process. is not

General remarks—

*Medical Referee.
Medical Practitioner.

Date / /19 .

Strike out what is inapplicable.

(a) Fully describe claimant's condition.

(b) State whether accident or industrial disease.

(c) This part to be filled in only in case of a claimant suffering from an industrial disease.

Attention is invited to the provisions of the Third Schedule to the Ordinance and section nine of the Ordinance, copies of which are shown on the back of this form.

* * * * *

Form D
omitted by
1957, No. 16.