AURRUM
AGED CARE

PRE-EXISTING INJURY DECLARATION FORM

In accordance with Workers' Compensation Acts and Regulations in Australia (in NSW the *Workers Compensation Act 1987* and in VIC the *Workplace Injury and Rehabilitation & Compensation Act 2013*) (together "**Workers' Compensation Legislation**") as amended, varied or replaced from time to time, you are required to disclose all pre-existing injuries, illnesses, diseases, ailments or conditions ("**pre-existing conditions**") suffered by you which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you performing the duties and responsibilities associated with your potential employment with Aurrum Pty Ltd (ABN 91 168 114 038) ("**proposed employment**").

Before making this disclosure, please review and consider the position description, which describes the nature of the proposed employment.

Where you have any pre-existing conditions, consideration will be given to reasonable modification to the work environment or tasks if possible or reasonably practicable.

Please note that, if you fail to disclose this information or if you provide false and/or misleading information in relation to any pre-existing conditions, you may not be entitled to any form of workers' compensation as a result of the recurrence, aggravation, acceleration, exacerbation or deterioration of pre-existing conditions arising out of, in the course of, or due to the nature of the proposed employment. A failure to disclose any pre-existing conditions may be relied upon as grounds for denying an application for workers' compensation.

Please also note that giving false and/or misleading information in relation to the proposed employment may constitute grounds for disciplinary action up to and including dismissal.

Questions

1. Have you suffered pre-existing conditions that may recur or deteriorate, accelerate or be exacerbated or aggravated by the proposed employment? If yes, please list details of all pre-existing conditions below (please include current and historical conditions):

2. Are you aware of any circumstances regarding your health or capacity to work that could interfere with your ability to perform the duties of the proposed employment? If yes, please list relevant details below:

3. Are you required to take any medication which may impact on your ability to perform the duties of the proposed employment? If yes, please list details below of all relevant medication:

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EMPLOYEE DECLARATION

I..... ……. (*print name)* declare that:

- I have read and understood this form and the attached position description and have discussed the proposed employment with management of Aurrum Pty Ltd (ABN 91 168 114 038).
- I understand the responsibilities and physical demands of the proposed employment.
- I acknowledge that I am required to disclose all pre-existing conditions which I believe may be affected by me undertaking the proposed employment.
- I acknowledge that failure to disclose all relevant information and/or providing false and/or misleading information may invoke the relevant sections of Workers' Compensation Legislation which may disentitle me from receiving any workers' compensation benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing condition arising out of or in the course of or due to the nature of the proposed employment and may also result in disciplinary action up to and including termination of employment.

I acknowledge and declare that the information provided in this form is true and correct to the best of my knowledge and belief.

Signature:	
Date:	

Additional Comments/Requisite Modifications (to be completed by Manager)
