

# WORKHEALTH CHECKS

Sept 2011

Yes, please give my workers FREE WorkHealth checks.

**1. Contact Information**

Trading Name  Legal Name

WorkSafe Injury Insurance Number  ABN

Worksite Address  Number of Workers at Worksite

**Nominated Contact Person**

Title  First Name  Last Name  Position Title

Email  Telephone  Mobile

Fax

**2. Additional Worksite Addresses (if applicable)**

Worksite Address  Number of Workers at Worksite

Worksite Address  Number of Workers at Worksite

Worksite Address  Number of Workers at Worksite

Worksite Address  Number of Workers at Worksite

**3. Service Provider**

If your organisation has been contacted by a service provider and you wish to nominate them please enter their identification number.

**4. Campaign Code**

If WorkSafe has provided you with a special promotional campaign code, please enter it in the box below.

**5. Research**

Does your organisation agree to be contacted by Victoria (WorkSafe) or an agent to participate in future research (estimated at no more than 20 minutes)?

Yes  No

**6. How will information collected on this form be used?**

Information will be used for processing and administering WorkHealth checks. It may also be used for evaluating the WorkHealth checks program.

WorkSafe Victoria (WorkSafe) may disclose information collected on this form to its contractors and agents and any person or organisation authorised by you, or by law, to obtain it.

Applicants should note that all information submitted to WorkSafe may be the subject of a request under the *Freedom of Information Act 1982 (Vic)*. WorkSafe will consult with an employer if a request relates to that organisation's commercial information.