ACT Government | Leave

ACT Leave
Claim Form – Total Incapacity

For help completing this form email enquiry@actleave.act.gov.au

Privacy – Information on this form is collected under the *Information Privacy Act 2014*. Before completing this form, you must read the ACT Leave privacy statement available at https://actleave.act.gov.au/privacy-policy/

Scheme / Industry

Building and construction ☐ Community sector ☐ Services ☐ Security ☐

Applicant's personal details

Registration number | Date of birth

Surname

Given names

Current residential address

State Postcode

Postal address (if different to above)

State Postcode

Email

Contact phone number

Type of work performed

You must provide photo identification with your completed form.
For example, a scanned copy of your driver licence, proof of age card or passport.

Tax file number

We withhold tax from your payments in line with ATO guidelines. This will show on your end of financial year income statement. We will be unable to progress your claim without your tax file number.

Your tax file number

Interstate service

If you are registered and have service recorded in an interstate portable long service leave scheme, you may add this service to your ACT payment.

Do you have service recorded in an interstate portable long service leave scheme?

No ☐ ▸ *Go to next section – Worker's compensation*

Yes ☐ ▸ Do you want to add that service to your ACT payment?

No ☐

Yes ☐ ▸ Give details

State or territory	Registration number (if known)	Date of last service (if known)

Workers' compensation

Have you been on workers' compensation, while working in a covered industry, for over 6 months since 1 October 1981?

No ☐

Yes ☐ ▸ For what period?

The dates you provide **must be accurate**. If you do not know the exact dates, email enquiry@actleave.act.gov.au to clarify what you need to do before submitting this form.

Date from to

Last employer and previous portable long service leave payments

The information you provide in this section **must be accurate** to help ACT Leave identify any missing service.

Name of your last employer in the **relevant** industry in the ACT

Date you finished

Were you made redundant from this employer? No ☐ Yes ☐

Have you been paid any long service leave directly by your last employer for any period of service recorded in the portable long service leave scheme? No ☐ Yes ☐

Direct credit payment details

IMPORTANT

- Payments will only be directly deposited into your personal account (joint accounts are acceptable). Payments **will not** be deposited into business or credit card accounts.
- Check your BSB and account number with your bank, credit union or building society. The number on your plastic access card is **not** your account number or BSB number.
- ACT Leave **will not accept liability** for funds deposited into the wrong account due to an error in the BSB or bank account number provided.

Name of bank, credit union or building society

Branch (where account was opened)

Branch number (BSB)

Account number

Account held in the name(s) of

Applicant's declaration

I declare that:

- the information provided on this form is true and correct in every detail.
- I will notify ACT Leave in writing and provide full details if there is a change.

I acknowledge that:

- ACT Leave may refuse this application if the information provided is incomplete, false or misleading. An authorised officer may request further information to be provided.
- giving false or misleading information is a serious offence under section 338 of the *Criminal Code 2002*.
- I have read and agree to the ACT Leave privacy statement available at https://actleave.act.gov.au/privacy-policy/

You can sign this form electronically or print and sign by hand.

Applicant's signature

Date

Note for applicants

To be eligible to claim on the basis of total incapacity you must have an illness or injury that permanently prevents you from continuing work in the relevant industry.

Your Medical Practitioner must compete the **Certification by Medical Practitioner** on the next page and it must be included when you submit this application.

Return this form, a copy of your photo identification and all supporting documents:

- by email to: enquiry@actleave.act.gov.au, or
- by post to: ACT Leave PO Box 264 Jamison Centre ACT 2614

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Note for Medical Practitioners

To be eligible to make a long service leave application on the basis of total incapacity, the applicant must have an illness or injury that permanently prevents them from continuing work in the relevant industry.

The applicant's Medical Practitioner must compete the section below.

Certification by Medical Practitioner

Applicant's surname

Given names

Can the applicant do their usual type of work? No ☐ Yes ☐

Will the applicant be able to return to work in the relevant industry? No ☐ Yes ☐

I examined the above patient on (date)

In my opinion this person has been unable to work in the relevant industry since (date)

Signature of Medical Practitioner

Date

Full name

Qualifications

Surgery address

State Postcode

Contact phone number

Contact email