

# SELF-EMPLOYED DECLARATION

**i Instructions**

If you are self-employed, please complete this form to help us understand the impact of your transport accident on your business. This will help us make sure you have access to the right services and supports to help you to return to work.

SECTION 1	SECTION 2
<b>TAC CLIENT DETAILS</b>	<b>BUSINESS DETAILS</b>
<b>First name</b>	<b>Business name</b>
<b>Last name</b>	<b>ABN</b>
<b>TAC claim number</b>	<b>Date business commenced</b>
<b>Date of accident</b>	<b>Business address</b>
<b>Date of birth</b>	<b>Suburb/Town</b> <b>Post code</b>
<b>Phone number</b>	<b>What is the structure of your business:</b>
<b>Email address</b>	Sole trader                      Company
	Partnership                      Trust
	<b>Describe the main purpose of your business</b>

## SECTION 3

### EMPLOYEES

**Other than yourself, how many people are employed in your business?**

Full time

Part time

Casual

Subcontractor

**Do you have family members or a de facto partner involved in your business?**

Yes      No

If **yes**, please provide their details below.

**Name 1**

**Relationship to you**

**Duties performed**

**Number of hours per week**

**Is this a paid position**

Yes      No

**Name 2**

**Relationship to you**

**Duties performed**

**Number of hours per week**

**Is this a paid position**

Yes      No

**Name 3**

**Relationship to you**

**Duties performed**

**Number of hours per week**

**Is this a paid position**

Yes      No

**Name 4**

**Relationship to you**

**Duties performed**

**Number of hours per week**

**Is this a paid position**

Yes      No

## SECTION 4

### PRE-ACCIDENT WORK DUTIES

**Please list the hours you typically work each day**  
(e.g. '8am – 5pm')

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Total number of hours worked per week

**Number of hours you usually spend on each task per week**

Administration

Supervising

Quotes

Physical or hands on

**If a business partnership, number of hours your partner usually spends on each task per week.**

Administration

Supervising

Quotes

Physical or hands on

**Please list your usual daily tasks performed with approximate number of hours for each** (e.g. 'bookkeeping, 2 hours')

Daily task

Approx. task hours

**Please provide details of your last three jobs or contracts, including the number of days worked on each.**

Name

Address

Days worked

