# SELF-EMPLOYED DECLARATION



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



## **SECTION 3 EMPLOYEES** Other than yourself, how many people are employed Do you have family members or a de facto partner involved in your business? in your business? Full time Yes No If yes, please provide their details below. Part time Casual Subcontractor Name 1 Name 2 Relationship to you Relationship to you **Duties performed Duties performed** Number of hours per week Number of hours per week Is this a paid position Is this a paid position Yes No Yes No Name 3 Name 4 Relationship to you Relationship to you **Duties performed Duties performed** Number of hours per week Number of hours per week Is this a paid position Is this a paid position Yes No Yes No

# SECTION 4

PRE-ACCIDENT WORK DUTIES		
Please list the hours you typica (e.g. '8am – 5pm')	ally work each day	Number of hours you usually spend on each task per week
Monday		Administration
Tuesday		Supervising
Wednesday		Quotes
Thursday		Physical or hands on
Friday		If a business partnership, number of hours your partner usually spends on each task per week.
Saturday		Administration
Sunday	у	Supervising
Total number of hours worked pe	r week	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

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## **SECTION 5 SECTION 6** RECORD KEEPING **CLIENT AUTHORITY** The TAC may need you to provide up to date copies I declare that the details I have provided on this form are of your business records. true and correct. I understand that it is an offence under the legislation to provide false or misleading information. Does your business use a bookkeeper and/or accountant to maintain your business records? Signature Yes Nο Who is responsible for maintaining these records? Accountant Bookkeeper Client, parent or guardian signature. Myself Other Printed name If other, please specify Date Under section 117 of the Transport Accident Act 1986 it is an offence to provide false or misleading information Name in connection with the claim. Contact phone number Contact email



#### Submitting this form

Email your completed form to your TAC claims manager or to <a href="mailto:info@tac.vic.gov.au">info@tac.vic.gov.au</a> with your TAC claim number in the subject line.

#### **PRIVACY**

The TAC needs this information to make decisions about your entitlement to TAC treatment, services and benefits. We may use or disclose this information to make further inquiries or assist in the ongoing management of the claim. The TAC may also be required by law to disclose this information. Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further treatments, services and benefits. More information is available at tac.vic.gov.au/yourprivacy