

**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

## TAC CLIENT DETAILS

|  |  |
| --- | --- |
| First name |   |

|  |  |
| --- | --- |
| Last name |   |

|  |  |  |  |
| --- | --- | --- | --- |
| TAC claim number |   | Date of accident |  / /  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth |  / /  | Phone number |   |

|  |  |
| --- | --- |
| Email address |   |

# SECTION 2

## BUSINESS DETAILS

|  |  |
| --- | --- |
| Business name |   |

|  |  |  |  |
| --- | --- | --- | --- |
| ABN |   | Date business commenced |  / /  |

|  |  |
| --- | --- |
| Business address |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Suburb/Town |   | Post code |   |

|  |  |
| --- | --- |
| What is the structure of your business: sole trader, partnership, company or trust? |   |

Describe the main purpose of your business.

|  |
| --- |
|   |

# 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? |   |  |

If yes, please provide their details below.

|  |  |
| --- | --- |
| Name 1 |   |

|  |  |
| --- | --- |
| Relationship to you |   |

Duties performed

|  |
| --- |
|   |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of hours per week |   | Is this a paid position? |   |

|  |  |
| --- | --- |
| Name 2 |   |

|  |  |
| --- | --- |
| Relationship to you |   |

Duties performed

|  |
| --- |
|   |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of hours per week |   | Is this a paid position? |   |

|  |  |
| --- | --- |
| Name 3 |   |

|  |  |
| --- | --- |
| Relationship to you |   |

Duties performed

|  |
| --- |
|   |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of hours per week |   | Is this a paid position? |   |

# SECTION 4

## PRE-ACCIDENT WORK DUTUES

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 |
|   |   |   |
|   |   |   |
|   |   |   |

# SECTION 5

## RECORD KEEPING

The TAC may need you to provide up to date copies of your business records.

|  |  |
| --- | --- |
| Does your business use a bookkeeper and/or accountant to maintain your business records? |   |

|  |  |
| --- | --- |
| Who is responsible for maintaining these records? |   |

|  |  |
| --- | --- |
| If other, please specify |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |   | Contact phone number |   |

|  |  |
| --- | --- |
| Contact email |   |

# SECTION 6

## CLIENT AUTHORITY

|  |  |
| --- | --- |
| Client, parent or guardian signature Insert image (jpg/png) of signature.(Or print, sign and scan the form) |  |



|  |  |
| --- | --- |
| Print name |   |

|  |  |
| --- | --- |
| Date |  / /  |

Under section 117 of the *Transport Accident Act 1986* it is an offence to provide false or misleading information in connection with the claim.

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**Submitting this form**

Email your completed form to your TAC claims manager or to info@tac.vic.gov.au 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](http://www.tac.vic.gov.au/yourprivacy)