## WorkCover NSW - certificate of capacity

PART C – TO BE COMPLETED BY THE WORKER PRIOR TO SENDING TO THE EMPLOYER OR INSURER (this does not involve the nominated treating doctor/treating specialist)

WORKER DECLARATION	
Worker's first name	Last name
Date of birth (DD/MM/YYYY)	
Worker's address	
Claim number	
I ☐ have ☐ have not (tick appropriate box)	
engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.	
If you have been engaged in any form of paid employment or voluntary work, please provide details below (or attach when you forward this certificate to your employer or insurer).	
I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.	
	ate (DD/MM/YYYY)

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