

**SUB CONTRACTOR STATUTORY DECLARATION**

Please note that this declaration should be completed as soon as possible and returned to Vero Workers Compensation without delay.

Full Name: \_\_\_\_\_

Address : \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

What is your full business or company name?  
\_\_\_\_\_

Does the business operate as any of the following:

- A Sole Proprietor Yes / No
- A Registered Business Name Yes / No
- A Trust Yes / No
- A Company Yes / No

What is your ABN/ARBN? \_\_\_\_\_

Do you have any partners in the business? Yes / No

If Yes, what are their names? \_\_\_\_\_  
\_\_\_\_\_

Does anyone work for you or your business? Yes / No

If Yes, how do you pay them? \_\_\_\_\_

What are their names? \_\_\_\_\_  
\_\_\_\_\_

If Yes, how often do they work for your business? \_\_\_\_\_  
\_\_\_\_\_

Were you or your business employing anyone at the time of your injury? Yes / No

If Yes, what is their name, address and contact telephone number? \_\_\_\_\_  
\_\_\_\_\_

What was your total turnover in the last full financial year prior to your accident? \_\_\_\_\_

What was the total amount paid to employees in the last full financial year prior to your accident?  
\_\_\_\_\_

What was your turnover in the financial year from 1 July up to the date of your accident?  
\_\_\_\_\_

What was the total amount paid to employees from 1 July up to the date of your accident?  
\_\_\_\_\_

*Provide a copy of your profit and loss statement for the last full financial year prior to the date of your accident.*

*Provide a profit and loss statement for the relevant year in which your accident occurred, if one has been prepared.*

Do you have a written contract with the builder? Yes / No

*If Yes, please provide a copy with this form.*

Do you sub contract to anyone else? Yes / No

If Yes, please list to whom you sub contract. \_\_\_\_\_  
\_\_\_\_\_

Please advise of the percentage of time you have worked for in the past 12 months. \_\_\_\_\_ %

Do you work for anyone else? Yes / No

If Yes, please list who \_\_\_\_\_

Do you charge for providing any of those items that you supply? Yes / No

If Yes, how do you charge (eg. Part of the total quote or a separate charge)? \_\_\_\_\_

On what basis are you employed?

- Daily Yes / No
- Weekly Yes / No
- Per Contract Yes / No
- Job by Job Yes / No

If other please explain how \_\_\_\_\_

Is there a written contract of employment between you and your business? Yes / No

If Yes, please provide details \_\_\_\_\_

Do you have a workers compensation policy? Yes / No

If Yes, who with? \_\_\_\_\_

Has a claim been made against this policy? Yes / No

If Yes, please provide details. \_\_\_\_\_

Do you have personal accident insurance? Yes / No

If Yes, who with? \_\_\_\_\_

Has a claim been made against this policy? Yes / No

If Yes, please provide details. \_\_\_\_\_

Is taxation deducted from your remuneration? Yes / No

If Yes to the preceding question, is it deducted as PAYE or PPS? PAYE / PPS

Are you subject to direction in the manner in which you perform your work? Yes / No

Are you free to choose your own hours of work? Yes / No

Are you free to employ labour to assist you in the work that you perform? Yes / No

Are you required to provide any plant, equipment or materials? Yes / No

If Yes, please provide details. \_\_\_\_\_

On a percentage basis:

- a) what percentage of the fee that you charge relates to your own personal manual labour manual labour or services: \_\_\_\_\_ %
- b) what percentage relates to the personal manual labour or services of your \_\_\_\_\_ %
- c) what percentage relates to the use of your plant and equipment: \_\_\_\_\_ %
- d) what percentage relates to the provision of materials by you? \_\_\_\_\_ %

On what date were you injured? \_\_\_\_\_

**WAGES**

Please provide the total taxable income you earned from all sources for the 52 weeks prior to the date of your injury.

(Please note that this figure should be what you earned before tax is deducted but **NOT** including the part of the income that is used to pay business and running cost expenses.)

Total income for 52 weeks = \$ \_\_\_\_\_

Please list all those who paid you this income \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide the title and description of the Industrial award that would be most applicable to your occupation.

Are you being paid under this award? Yes / No

I make this solemn declaration conscientiously believing the same to be true and subject to the penalties for the making of false statements in statutory declarations and by virtue of the "Oaths, Affidavits and Statutory Declarations Act 2005".

Declared at \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Declarant \_\_\_\_\_

Declared before me:

SURNAME \_\_\_\_\_

FIRST NAME(S) \_\_\_\_\_

QUALIFICATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**This Declaration must be made before any of the following persons:**

- |   |  |  |  |
|---|--|--|--|
| • Academic (post-secondary institution) | • Court Officer (Judge, Magistrate, Registrar or Clerk)                                | • Lawyer                                       | • Podiatrist                             |
| • Accountant                            | • Defence Force officer (Commissioned, Warrant or NCO with 5 years continuous service) | • Local Government CEO or Deputy CEO           | • Police Officer                         |
| • Architect                             | • Dentist  | • Local Government Councillor                  | • Post Officer Manager                   |
| • Australian Consular Officer           | • Doctor   | • Loss Adjuster                                | • Psychologist                           |
| • Australian Diplomatic Officer         | • Engineer   | • Marriage Celebrant                           | • Public Notary                          |
| • Bailiff                               | • Industrial Organisation Secretary  | • Member of Parliament (State or Commonwealth) | • Public Servant (State or Commonwealth) |
| • Bank Manager                          | • Insurance Broker   | • Minister of Religion                         | • Real Estate Agent                      |
| • Chartered Secretary                   | • Justice of the Peace   | • Nurse  | • Settlement Agent                       |
| • Chemist                               |  | • Optometrist                                  | • Sheriff or Deputy Sheriff              |
| • Chiropractor                          |  | • Patent Attorney                              | • Surveyor                               |
| • Company Auditor or Liquidator         |  | • Physiotherapist                              | • Teacher                                |
|   |  |  | • Tribunal Officer                       |
|   |  |  | • Veterinary Surgeon                     |

**OR, any person before whom, under the Statutory Declarations Act 1959 of the Commonwealth, a statutory declaration may be made.**