



Disability Benefit complaints

Complainant's Name:

Superannuation Provider:

Education / Training / Experience / Activities Questionnaire

Below are some questions to assist the Tribunal in understanding your capacity and activity level. Please answer all questions relevant to you. If the space is insufficient for your answers please include additional sheet(s) and mark with the question number(s).

1. **What was the highest standard of formal education that you reached? Please indicate the level and the year you completed it.**
(eg. High School year 10 1980)

2. **Have you had any post primary/secondary formal training? Please list course(s), levels and year completed.**
(eg. Trade, TAFE, professional institutes and university studies)

3. **Have you undertaken any other relevant skills training, whether 'on the job', or in relation to any work or hobby? Please list course(s), level(s) if applicable and year completed.**
(eg. 'on the job' training in building maintenance; forklift driver course; computer course; clerical skills; hospitality course; security officer training, etc)

4. What activities at your most recent employment did you perform on a regular basis?

Please describe the activities and indicate the periods of such activity.

(eg. Required to drive forklift 4 hours per day; accessing and processing data in computer 1 hour, with the balance of time collating customers' orders involving bending/twisting /climbing ladders 3m high; lifting weights up to 5 kg.)

5. What domestic and recreational activities did you perform regularly prior to your last day at work?

6. What activities are you restricted in performing as a consequence of your injury / illness relative to:

a) Your normal occupation

b) Domestic and recreational

7. What activities can you perform?

8. Is there any work that you believe you can perform fulltime on a regular basis for which you are fitted by education, training or experience? If "yes" please list.

9. Please list your work history:

type of employment	employer and dates of employment

10. Have you received any income or payments since your last day at work?
YES NO

a) If employed:

Name / Address of Employer

Nature of work (eg. Sales, Nursing, Driving etc):

Hours per week: _____

b) Centrelink Payments:

Nature: _____ Amount per fortnight: \$ _____

c) Workers' compensation : Regular Payments:

Date Commenced: _____/_____/_____

Date Ceased: _____/_____/_____

Amount per fortnight: \$ _____

d) Workers' compensation: Lump Sum Payment:

Lump Sum Amount: \$ _____

Date Received: _____/_____/_____

e) Other Superannuation Benefits:

Fund Name: _____

Amount: \$ _____

Date Received: ____ / ____ / ____

Fund Name: _____

Amount: \$ _____

Date Received: ____ / ____ / ____

Fund Name: _____

Amount: \$ _____

Date Received: ____ / ____ / ____

f) Any Other Payments (provide copies of supporting documents):

Nature: _____

Amount: \$ _____

Date Received: ____ / ____ / ____

Nature: _____

Amount: \$ _____

Date Received: ____ / ____ / ____

STATEMENT

I declare that the information on this form is complete and correct.

Your signature

Date

____ / ____ / ____