



**WR&C ACT 1986**  
**INJURY MANAGEMENT PRACTICE NOTE**  
**FOR THE PUBLIC SECTOR**

**SURVEILLANCE AND SECTION 110 INVESTIGATION**

**1. PURPOSE**

- 1.1 To ensure a consistent approach is applied within the public sector to requesting surveillance and/or investigations pursuant to section 110 of the Workers Rehabilitation and Compensation Act 1986 ('the Act') for workers compensation claims.

**2. BACKGROUND**

- 2.1 Public sector agencies shall at all times respect an injured employee's integrity, confidentiality and right to privacy. A reasonable suspicion of dishonesty must therefore be present prior to commencing:
- 2.1.1 Surveillance activity; or
- 2.1.2 An investigation pursuant to section 110 of the Act.

**3. PRACTICE**

- 3.1 It is recommended that public sector agencies adhere to the following guidelines:
- 3.1.1 Surveillance activity should not be undertaken unless it is approved by the agency's Chief Executive or authorised delegate.
- 3.1.2 Similarly, the Chief Executive or authorised delegate is required to approve the undertaking of a section 110 investigation.
- 3.1.3 Prior to commencing a section 110 investigation, the agency shall request a "Claims Investigation (section 110) Authority" from WorkCover using the template provided in Attachment A. The section 110 investigation shall not commence until authorisation from WorkCover is received.
- 3.1.4 Consideration should be given to the following before requesting a section 110 authority:
- Is the information being sought really necessary for the determination and/or management of the claim and is the receipt of the information likely to make a difference in the determination and/or management of the claim;
  - Is the information being sought already contained on the claim file; and
  - Have all other methods for obtaining the information sought been exhausted, e.g. making a written request for the medical records and/or a report from the worker's medical practitioner before engaging an investigator to obtain this information.

Should you have any questions in relation to this advice please direct your enquiry to Public Sector Workforce Relations (Workers Compensation Performance), Department of the Premier and Cabinet (phone 822 62683).



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### Application by Self Insurer for Claims Investigation (Section 110) Authority

Please click in the  boxes or in the shaded area to complete details.  
(or tab between fields).

New Application     Renewal

1. SELF INSURER DETAILS	
Employer:	
Contact person:	
Contact telephone number:	Contact fax number:
Contact email address:	
Postal address:	

**2. SELF INSURER'S REPRESENTATIVE/SOLICITOR DETAILS**

**Name:**

**Contact person:**

**Contact telephone number:**

**Postal address:**

**3. WORKER DETAILS**

**Full name:**

**Address:**

**Date of birth:**

**Claim number:**

**Claim status/determination (e.g. open, undetermined):**

**Date of injury:**

**Nature of injury:**

**FACTS AND GROUNDS FOR APPLICATION**

(Please provide brief outline of circumstances requiring investigation including grounds and reasons for undertaking investigations and reasons why the Section 110 Authority is required)

**4. PROPOSED INVESTIGATION TO BE UNDERTAKEN**

**5. EXTERNAL INVESTIGATION COMPANY DETAILS**

**Nominated external investigation company:**

**Nominated external investigator:**  
*(Investigator's full name)*

**Contact telephone number:**

**Fax Number:**

<b>6. SIGNATURE OF SELF INSURER EMPLOYER OR EMPLOYER REPRESENTATIVE – THE APPLICANT</b>
<b>Name:</b>
<b>Signature:</b>
<b>Date:</b>

**THE APPLICANT, IN MAKING THIS APPLICATION, ACKNOWLEDGES THAT:**

- 1. The power to issue the Section 110 Authority rests solely with WorkCover SA. Once issued, the investigation will be limited to the parameters which are outlined in that authority.
- 2. Any breach of this arrangement MAY constitute an unlawful use of the delegated Section 110 Authority and accordingly invalidate consequent legal proceedings.
- 3. All costs arising from the investigation are the responsibility of the Self Insured Employer

<b>INVESTIGATION UNIT USE ONLY</b>
Approved:
Date:
Further information required: Yes <input type="checkbox"/> No <input type="checkbox"/>