Fill in this form if you’ve been in paid employment since your last ear, nose and throat (ENT) assessment.

When you’ve finished, use the reply-paid envelope to return this form and any hearing test results you’ve had since your ENT assessment. Please reply within 14 days, so we can make a decision about the help we can give you sooner.

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| 1. Your details | | | |
| Your name: [Client full name auto] | | Claim number: [Claim number auto] | |
| Contact number: [Client phone number auto] | | Date of birth: [DOB auto] | |
| Place of birth: | | Date of residency (if you weren’t born in New Zealand): | |
| Your employment status: | employee | self-employed | retired or not working |
| The business or organisation you work for (if you’re working): | | | |
| Your ACC number (if you have one): | | | |
| The date you stopped working (if you’re retired or you’re not working anymore): | | | |

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| 2. Hearing loss details | | |
| If you have a copy of any hearing test results, please attach them to this form before returning it to us. | | |
| Have you had any hearing tests at work or in a clinic since your hearing was assessed for your hearing loss claim? | Yes | No |
| If you’ve had any tests, please tell us when and where you had them: | | |
| Have you seen an ENT specialist about your hearing loss recently? | Yes | No |
| If you’ve seen an ENT specialist, please let us know who you saw: | | |
| Please tell us if you’ve ever had a serious head injury, illness or treatment that you think might have affected your hearing and how it might have affected it: | | |

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| 3. Workplace noise details | | | | | | | | | | | | | | | | |
| Please answer the questions in the table for every job that you’ve done in New Zealand and overseas, whether you were working for an employer or for yourself. | | | | | | | | | | | | | | | | |
| Questions about your work | Job 1 | | | | | Job 2 | | | | | Job 3 | | | | | |
| What business or organisation did you work for and what line of work are they in? |  | | | | |  | | | | |  | | | | | |
| What years did you work there, eg 2004 – 2012? |  | | | | |  | | | | |  | | | | | |
| Was all of the work you did for them in NZ? | Yes | | | No | | Yes | | | No | | Yes | | | No | | |
| If no, did you pay NZ income tax on your earnings? | Yes | | | No | | Yes | | | No | | Yes | | | No | | |
| What did you do at your work and what made your work noisy, eg tools or machinery? |  | | | | |  | | | | |  | | | | | |
| Tick the option that is most like the noise at your work: | explosion  gun fire  chainsaw  aircraft noise  grinding | | | lawnmower  heavy truck  busy street  factory noise  busy office | | explosion  gun fire  chainsaw  aircraft noise  grinding | | | lawnmower  heavy truck  busy street  factory noise  busy office | | explosion  gun fire  chainsaw  aircraft noise  grinding | | | lawnmower  heavy truck  busy street  factory noise  busy office | | |
| How many hours a day did you work in loud noise? For how many days a week? | hours/day       days/week | | | | | hours/day       days/week | | | | | hours/day       days/week | | | | | |
| Did you have to shout to be heard? | Yes | Sometimes | | | No | Yes | Sometimes | | | No | Yes | Sometimes | | | | No |
| Did you wear hearing protection? | Yes | Sometimes | | | No | Yes | Sometimes | | | No | Yes | Sometimes | | | | No |
| If yes or sometimes, what did you wear? | Earmuffs | | Earplugs | | | Earmuffs | | Earplugs | | | Earmuffs | | Earplugs | | | |
| 3. Workplace noise details, continued | | | | | | | | | | | | | | | | |
| Questions about your work | Job 4 | | | | | Job 5 | | | | | Job 6 | | | | | |
| What business or organisation did you work for and what line of work are they in? |  | | | | |  | | | | |  | | | | | |
| What years did you work there eg 2004 – 2012? |  | | | | |  | | | | |  | | | | | |
| Was all of the work you did for them in NZ? | Yes | | | No | | Yes | | | No | | Yes | | | No | | |
| If not, did you pay NZ income tax on your earnings? | Yes | | | No | | Yes | | | No | | Yes | | | No | | |
| What did you do at your work and what made your work noisy eg tools or machinery? |  | | | | |  | | | | |  | | | | | |
| Tick the option that is most like the noise at your work: | explosion  gun fire  chainsaw  aircraft noise  grinding | | | lawnmower  heavy truck  busy street  factory noise  busy office | | explosion  gun fire  chainsaw  aircraft noise  grinding | | | lawnmower  heavy truck  busy street  factory noise  busy office | | explosion  gun fire  chainsaw  aircraft noise  grinding | | | lawnmower  heavy truck  busy street  factory noise  busy office | | |
| How many hours a day did you work in loud noise? For how many days a week? | hours/day       days/week | | | | | hours/day       days/week | | | | | hours/day       days/week | | | | | |
| Did you have to shout to be heard? | Yes | Sometimes | | | No | Yes | Sometimes | | | No | Yes | Sometimes | | | | No |
| Did you wear hearing protection? | Yes | Sometimes | | | No | Yes | Sometimes | | | No | Yes | Sometimes | | | No | |
| If yes or sometimes, what did you wear? | Earmuffs | | Earplugs | | | Earmuffs | | Earplugs | | | Earmuffs | | Earplugs | | | |

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| 4. Other noise details | | | | | | | |
| Please tell us about anything you do outside of work that is noisy like mowing lawns, playing in a band, using power tools, listening to loud music or taking part in motorsports. When we ask about hearing protection, we’re asking how often you use earplugs or earmuffs when you do the noisy activity. | | | | | | | |
| Noisy activities | | From year | To year | Hours a week | | Hearing protection | |
| Mowing lawns | Yes  No |  |  |  | | Always  Sometimes  Never | |
| Motorsport racing | Yes  No |  |  |  | | Always  Sometimes  Never | |
| Using a chainsaw | Yes  No |  |  |  | | Always  Sometimes  Never | |
| Using power tools | Yes  No |  |  |  | | Always  Sometimes  Never | |
| Playing in a band | Yes  No |  |  |  | | Always  Sometimes  Never | |
| Please add any other noisy activity you do here | |  |  |  | | Always  Sometimes  Never | |
| Please add any other noisy activity you do here | |  |  |  | | Always  Sometimes  Never | |
| Have you been unexpectedly exposed to loud noise from an explosion lately? | | | | | Yes | | No |
| If yes, please tell us about the explosion eg what caused it, how close it was: | | | | | | | |
| Have you been exposed to noise from firearms lately? | | | | | Yes | | No |

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| If no, go to section 5. If yes, complete the following table: | | | | |
| Firearm type and calibre | Reason for using the firearm (eg hunting, Territorials) | Years of firearms noise exposure eg 2006 - 2012 | Rounds fired | Hearing protection |
|  |  | From year  to year | a year | Always  Sometimes  Never |
|  |  | From year  to year | a year | Always  Sometimes  Never |
| When using a firearm, which side do you fire from? | | | | Left  Right |

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| 5. Military service details | | | | | | |
| If you’ve ever served in the military, then please answer the questions in this section. If you haven’t served in the military, then go to section 6. | | | | | | |
| Name of service & the country you served in | Your duties and any loud noises you were exposed to when carrying out those duties | Years of loud noise exposure in service eg 2006 –2012 | Hours of noise exposure | | Hearing protection | |
|  |  | From year  to year | hours a day | | Always  Sometimes  Never | |
|  |  | From year  to year | hours a day | | Always  Sometimes  Never | |
|  |  | From year  to year | hours a day | | Always  Sometimes  Never | |
|  |  | From year  to year | hours a day | | Always  Sometimes  Never | |
| What is your service number? | | | | | | |
| Do you get a war pension for your hearing loss? | | | | Yes | | No |

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| 6. Your comments |
| Please tell us anything else you’d like us to know about your hearing loss: |

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| 7. Talking to us about your claim | |
| If it makes it easier for you, you can have someone else to talk to us about your hearing loss claim. This can be a friend, a family member or anyone else you trust to talk to us on your behalf. If you want to do this, fill in the details below and then we can talk to your representative about your hearing loss claim. | |
| Representative’s name: | Relationship to you, eg partner, friend: |
| Address: | |
| Phone number: | Email address: |
| I authorise the above person to talk to ACC about my hearing loss claim. I understand that this person is authorised to talk only about my hearing loss claim and I can write to ACC at any time to cancel this authority. | |
| Signature: | Date: |

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| 8. Declaration and signature | |
| I confirm that to the best of my knowledge, all the information I’ve provided on this form is true and correct. I authorise ACC to contact the doctors, specialists or employers listed on this form if more information is needed to help make a decision about my claim. | |
| Signature: | Date: |
| Client representative’s name if signing on behalf of the client: | Relationship to the client (eg friend, partner): |
| Client representative’s signature: | Date: |

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. For further details see ACC’s privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.