

YOU'VE HAD AN INJURY AT WORK

We are sorry to hear that you have hurt yourself at work.



Here is how we can help you

Getting help starts with telling your People Leader what has happened. You, or your people leader, should report the incident in Donesafe. We want to know about it as soon as possible so we can make sure you get the right treatment in a timely manner, as well as doing what we can so it doesn't happen again.



Immediate medical help

Call our Security Team to get first aid treatment. They are trained in First Aid and, if needed, can arrange transport for you to see a doctor.

Internal Line

Auckland: 09 363 6363
• NZICC: 09 363 6464
Hamilton: 021 221 3278
Queenstown: 03 441 0407

External Line

0800 SkySafe (0800 759 7233)



Pain and discomfort

Just because you have pain, it doesn't mean that you have an injury, but it can be a warning sign that muscles and joints are under stress. We can help you manage and reduce symptoms through the SkyCity early intervention for pain and discomfort. For an assessment or treatment, please contact the SkyCity nurse on 021 356 638.

If you do need to see a doctor, please share the reverse side of this form with them.



SCAN ME FOR
MORE INFORMATION

healthandsafety.skycitygroup.com

To the doctor,

Thank you for seeing our SkyCity employee, _____
who has hurt themselves at work. We understand that safe, alternative
duties can result in positive rehabilitation outcomes and so our team at
SkyCity is keen to accommodate most physical restrictions and provide
alternative duties and/or hours.

If our employee is not fit for their normal work hours or tasks, please
consider alternative tasks and hours.

Please tick any restrictions:

- | | |
|---|--|
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Pushing/Pulling |
| <input type="checkbox"/> Kneeling/squatting | <input type="checkbox"/> Overhead reach |
| <input type="checkbox"/> Handling | <input type="checkbox"/> Forward reach |
| <input type="checkbox"/> Stooping | <input type="checkbox"/> Lifting/carrying restricted to _____ kg |
| <input type="checkbox"/> Other: | |

To ensure prompt payment, please send the following documents to
our third-party administrator, HOWDEN Care, at skycity@howdengroup.com:

- Your invoice
- ACC45/18
- This form

Thanking you in anticipation.

Paul Uttley

Group GM Health & Safety
SkyCity Entertainment Group