



centrelink

Who should complete this form?

This form should be completed by a person with a disability, illness or injury who is looking for work and is applying for a Centrelink payment or claiming a pension from another country.

Please return the completed form **within 28 days** of receiving it, to ensure that you get assistance from the earliest date possible.

Kdo naj izpolni ta obrazec?

Obrazec naj izpolnijo invalidne in bolne osebe ali osebe s poškodbo, ki iščejo zaposlitev in želijo vložiti zahtevek za dajatev ali za pokojnino iz avstralskega socialnega zavarovanja ali iz druge države.

Prosimo, da obrazec izpolnite v **roku 28 dni** po prejemu, tako da boste prejeli pomoč od prvega možnega datuma.

1 Customer details
Vaši podatki

Centrelink Reference Number (if known) - - -
Referenčna številka pri Centrelinku (če jo veste)

Family name
Priimek

Maiden name (if applicable)
Dekliški priimek (glede na primer)

Previous married name (if applicable)
Priimek po možu iz prejšnjega zakona (glede na primer)

Other aliases (if applicable)
Drugi vzdevki (glede na primer)

Given name(s)
Osebno ime (imena)

Date of birth Day/Dan / Month/Mesec / Year/Leto Male / Female / Ženski
Datum rojstva

Address
Naslov

Postcode
Poštna številka

Is there a telephone number we can contact you on? No / Ne
Če imate telefonsko številko, prosimo, da jo navedete? Yes / Da ()

Do you need an interpreter? No / Ne
Ali potrebujete tolmača? Yes / Da Preferred language / Zaželeni jezik

2 Please list any disabilities, illnesses or injuries that you have
Naštajte vse bolezni, oblike invalidnosti ali poškodbe, ki jih imate.



CLK0AUS142SI 1807

3 When did these disabilities, illnesses or injuries start to make it difficult for you to work or study full-time?

Month/Mesec	/	Year/Leto
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OR/ALI

I have had my disabilities or illnesses since birth
Bolam oziroma invaliden sem od rojstva

Kdaj so vam začele te bolezni, invalidnost ali poškodbe oteževati delo s polnim delovnim časom ali redni študij?

4 Are you getting any treatment for your disabilities, illnesses or injuries?

No
Ne

Yes Please give details
Da Opišite

e.g. medication, physical therapy, counselling

Ali se za svoje bolezni, invalidnost ali poškodbe zdravite?

na primer zdravila, fizioterapija, svetovanje

*If you need more space, please attach a separate sheet of paper with details.
Če potrebujete več prostora, nadaljujte na dodatnem listu in ga priložite obrazcu.*

5 Have you ever been hospitalised because of these disabilities, illnesses or injuries?

No
Ne

Yes Date of last admission
Da Datum zadnjega sprejema v bolnico

Day/Dan	Month/Mesec	Year/Leto
/	/	/

Name of hospital
Ime bolnice

--

Duration of stay
Čas bivanja v bolnici

From
Od

To
Do

Day/Dan	Month/Mesec	Year/Leto
/	/	/

Day/Dan	Month/Mesec	Year/Leto
/	/	/

Reason for admission
e.g. operation, investigation, treatment

Razlog za sprejem npr. operacija, pregledi, zdravljenje

Number of admissions in the last 5 years
Število sprejemov v zadnjih 5 letih

--

6 Are you expecting to have an operation in the future?

No
Ne

Yes Type of operation/procedure
Da Vrsta operacije/postopka

Expected date (if known)
Predvideni datum (če vam je znan)

Day/Dan	Month/Mesec	Year/Leto
/	/	/

Where will operation take place (if known)
Kje se bo izvajala operacija (če veste)

Reason for operation
Razlog za operacijo

7	How often does your disability, illness or injury make it difficult for you to: Kako pogosto vam je zaradi vaše bolezni, poškodbe ali invalidnosti težko:	no problem Nimam težav	sometimes Včasih	often Pogosto	all the time Vedno	Please give further details (if applicable) Po potrebi vpišite dodatne podatke
	sit sedeti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	stand stati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	walk hoditi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	climb stairs hoditi po stopnicah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	drive a car voziti avto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	use public transport uporabljati sredstva javnega prevoza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	pick up objects pobirati predmete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	handle objects rokovati s predmeti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	lift dvigati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	carry nositi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	bend se skloniti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	operate everyday appliances or machinery uporabljati vsakdanje aparate ali stroje	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	read brati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	write pisati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	speak govoriti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	hear poslušati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	concentrate se osredotočati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	remember pomniti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	interact with others sodelovati z drugimi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	attend work or other appointments priti na delo ali sestanke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	understand or follow instructions razumeti ali slediti navodilom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	sleep spati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	breathe dihati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	manage your personal affairs urejati lastne zadeve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	care for yourself* skrbeti zase*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	care for others skrbeti za druge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* If you have someone caring for you full-time, they may be eligible for a payment for carers. *Please contact International Services if you need further details.*
* Če imate koga, ki za vas skrbi ki ves čas skrbi za vas, je ta oseba morda upravičena do dodatka za skrbnika. *Za dodatne informacije se obrnite na službo International Services.*

8

In a workplace, would your disabilities, illnesses or injuries make it difficult for you to:

Ali bi zaradi vaše bolezni, poškodb ali invalidnosti na delovnem mestu težko:

	no Ne	sometimes Včasih	often Pogosto	all the time Vedno	Please give further details (if applicable) Po potrebi vpišite dodatne podatke
A interact with others? sodelovali z drugimi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B maintain appropriate behaviour? se ustrezno vedli?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C cope with work related stress or pressure? prenašali stres ali pritisk, povezan z delom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D learn new tasks? se usposobili za nove naloge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E remember how to do tasks? si zapomnili, kako opravljati naloge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F understand and follow instructions? razumeli in upoštevali navodila?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G concentrate? se osredotočili?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H persist at tasks without unscheduled breaks? nepretrgoma delali brez nepredvidenih odmorov?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I undertake more than one task? opravljali več kot eno nalogo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J look after your personal care needs? skrbeli za svoje osebne potrebe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K physically complete tasks? fizično dokončali delo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L move safely around the workplace? se varno gibali na svojem delovnem mestu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M communicate with others? komunicirali z drugimi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N control the use of your language? nadzorovali svoje izražanje?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9 Who is the doctor who you usually see about your disabilities, illnesses or injuries?
 e.g. your general practitioner.
H kateremu zdravniku ponavadi hodite zaradi svoje invalidnosti, bolezni ali poškodb?
 Npr. k vašemu splošnemu zdravniku.

Name
 Nome

Address
 Naslov

Telephone
 Telefon

Do you give permission for us to contact this person?
 Ali dovolite, da vzpostavimo stik s to osebo?

No Yes
 Ne Da

10 Have any specialists or other doctors treated you for these disabilities, illnesses or injuries?
Ali so vas kakšni specialisti ali drugi zdravniki zdravili zaradi vaše invalidnosti, bolezni ali poškodb?

No
 Ne

Yes **Name**
 Da **Nome**

Address
 Naslov

Telephone
 Telefon

Date of last visit
 Datum zadnjega pregleda

Conditions for which you were treated
 Stanja, zaradi katerih ste se zdravili

*If you have specialist reports, please attach copies.
 Če imate poročila specialistov, prosimo, da priložite njihove kopije.*

11 Is there anybody else you have consulted or that has assisted you with any of your disabilities, illnesses or injuries?
 e.g. • counsellor
 • social worker
 • community health worker
 • teacher
 • psychologist
 • physiotherapist
Ali ste se posvetovali še s kom drugim oziroma vam je še kdo drug pomagal glede vaše invalidnosti, bolezni ali poškodb?
 Npr.

No
 Ne

Yes **1**

Name
 Nome

Profession
 Poklic

Address
 Naslov

Telephone
 Telefon

Do you give permission for us to contact this person?
 Ali dovolite, da vzpostavimo stik s to osebo?

No Yes
 Ne Da

2

Name
 Nome

Profession
 Poklic

Address
 Naslov

Telephone
 Telefon

Do you give permission for us to contact this person?
 Ali dovolite, da vzpostavimo stik s to osebo?

No Yes
 Ne Da

*If you need more space, please attach a separate sheet of paper with details.
 Če potrebujete več prostora, nadaljujte na dodatnem listu in ga priložite obrazcu.*

12 Is there any other information you feel we need to know about your disabilities, illnesses or injuries?

Ali obstajajo še kakšni drugi podatki o vaših boleznih, invalidnosti ali poškodbah, za katere menite, da bi jih morali vedeti?

No

Ne

Yes

Da

Please give details

Opišite

If you need more space, please attach a separate sheet of paper with details.

Če potrebujete več prostora, nadaljujte na dodatnem listu in ga priložite obrazcu.

13 School or full-time education details
Podatki o rednem šolanju

How old were you when you left school or full-time education?

years old
let starosti

Koliko ste bili stari, ko ste se prenehali redno šolati?

Year of leaving school/education

Leto prenehanja šolanja

What grade/year did you reach?

Na kateri stopnji/v katerem razredu ste bili?

What is the highest educational qualification you obtained?

e.g. Year 10 Certificate, Higher School Certificate, Degree

Katero stopnjo izobrazbe ste dosegli?

Npr. osnovna šola, srednja šola, višja šola

14 Have you gained any other qualifications, skills or experience?

Include things like voluntary work, courses, trade tickets, licences, diplomas, tertiary qualifications.

Ali ste pridobili še kakšno drugo izobrazbo, strokovno znanje ali izkušnje?

Sem sodijo tudi: prostovoljno delo, tečaji, obrtna dovoljenja, koncesije, zaključna spričevala, visokošolske diplome.

No

Ne

Yes

Da

Please give details

Opišite

If you need more space, please attach a separate sheet of paper with details.

Če potrebujete več prostora, nadaljujte na dodatnem listu in ga priložite obrazcu.

15 Have you ever worked?
Ste bili kdaj zaposleni?

No

Ne

Yes

Da

Go to **Question 18**

Pojdite na **18. vprašanje**

What date did you last work?

Datum zadnje zaposlitve?

Month/Mesec

Year/Leto

/

18 Have you participated in any programs to help you find work, stay in a job, return to work, manage your injury or help you with vocational rehabilitation, gaining new skills, work experience or training?

No

Ne

Yes

Da

Ali ste sodelovali v kakšnem programu za pomoč pri iskanju dela, vrnitvi na delo, obvladovanju vaše poškodbe ali za pomoč pri poklicni rehabilitaciji, pridobivanju novih spretnosti, delovnih izkušenj ali usposabljanju?

1	Name of provider Ime izvajalca	<input type="text"/>
	Type of program Vrsta programa	<input type="text"/>
	Dates you participated Datumi vaše udeležbe	From Od
		To Do
		Day/Dan / Month/Mesec / Year/Leto
		Day/Dan / Month/Mesec / Year/Leto

2	Name of provider Ime izvajalca	<input type="text"/>
	Type of program Vrsta programa	<input type="text"/>
	Dates you participated Datumi vaše udeležbe	From Od
		To Do
		Day/Dan / Month/Mesec / Year/Leto
		Day/Dan / Month/Mesec / Year/Leto

Attach any documentation you have which provides details of your participation in the program, including when the program started and finished, the requirements of the program, what activities you undertook while in the program and for how long.

Priložite vse dokumente, s katerimi razpolagate in ki vsebujejo podrobnosti o vašem sodelovanju v programu, vključno z datumom začetka in konca programa, zahtevami programa ter podatki o tem, katere aktivnosti ste izvajal v času sodelovanja v tem programu in kako dolgo.

19 Is there any reason why you could not do a rehabilitation or training program in the future?

No

Ne

Yes

Da

Ali se v prihodnje iz kakršnega koli razloga ne bi mogli udeležiti programa rehabilitacije ali usposabljanja?

Is this because you are about to have other treatment?

Ali je razlog to, da boste podvrženi drugi obliki zdravljenja?

No

Ne

Yes

Da

Please give details
Opišite

If you need more space, please attach a separate sheet of paper with details.

Če potrebujete več prostora, nadaljujte na dodatnem listu in ga priložite obrazcu.

Is this drug or alcohol related?

Ali je razlog povezan z mamili ali alkoholom?

No

Ne

Yes

Da

Is there another reason?

Obstaja kak drug razlog?

No

Ne

Yes

Da

Please give details
Opišite

If you need more space, please attach a separate sheet of paper with details.

Če potrebujete več prostora, nadaljujte na dodatnem listu in ga priložite obrazcu.

- 20** When do you think you will be able to start part-time or full-time work or study?
Kdaj pričakujete, da boste lahko začeli delati s krajšim ali polnim delovnim časom oziroma z rednim ali izrednim študijem?
- | | | | | | |
|--|--------------------------|-------------------------------|--------------------------|---|--------------------------|
| now
zdaj | <input type="checkbox"/> | 6–12 months
6–12 mesecev | <input type="checkbox"/> | more than 2 years
čez več kot 2 leti | <input type="checkbox"/> |
| within 6 months
v roku šestih mesecev | <input type="checkbox"/> | 12–24 months
12–24 mesecev | <input type="checkbox"/> | never
nikoli | <input type="checkbox"/> |

- 21** Did someone help you complete this form?
Vam je kdo pomagal izpolniti ta obrazec?
- No
Ne
- Yes Who helped you?
Da Kdo vam je pomagal?
- Name
Nome
- Address
Naslov
- Postcode
Poštna številka
- Telephone
Telefon
- ()
- Do you give permission for us to contact this person?
Ali dovolite, da vzpostavimo stik s to osebo?
- No
Ne
- Yes
Da

22 IMPORTANT INFORMATION POMEMBNE INFORMACIJE

Privacy and your personal information

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

Zasebnost in vaši osebni podatki

Vaši osebni podatki so zaščiteni z zakonom (vključno z Zakonom o zasebnosti iz leta 1988 (*Privacy Act 1988*)) in jih avstralska vladna služba Department of Human Services zbira za presojo in upravljanje izplačil ter storitev. Ti podatki so potrebni za obdelavo vaše prijave ali zahtevka.

Vaše podatke zadevna služba lahko uporabi ali posreduje drugim strankam, če ste v to privolili oziroma kadar to zahteva ali dovoljuje zakon (vključno za namene znanstvenoraziskovalnega dela).

Več informacij o tem, kako bo vladna služba ravnala z vašimi osebnimi podatki, vključno z našo politiko varovanja zasebnosti, je na voljo na spletni strani humanservices.gov.au/privacy

23 Your statement

If the customer cannot sign this form, it should be signed by their legal representative and a copy of their guardianship or power of attorney papers should be attached.

Vaša izjava

Če stranka ne more podpisati obrazca, ga mora podpisati njegov/njen pravni zastopnik, obrazcu pa mora biti priložena kopija potrdila o skrbništvu ali pooblastila.


**I declare that:
I understand that:**

**Izjavljam, da
Zavedam se, da**

**Your signature
Vaš podpis**

Date
Datum

- the information I have given is correct.
- giving false or misleading information is a serious offence.
- so podatki, ki sem jih dal/dala, točni.
- je dajanje napačnih ali zavajajočih podatkov resno kaznivo dejanje.



Day/Dan Month/Mesec Year/Leto
/ /

Return this form to:

**Department of Human Services
International Services
PO Box 7809
Canberra BC ACT 2610
AUSTRALIA**

Obrazec vrnite na naslov:

**Department of Human Services
International Services
PO Box 7809
Canberra BC ACT 2610
AUSTRALIA**

- 1 Check that you have read and signed your statement above.
 - 2 Attach any further information you feel supports your application. If you cannot provide all of the documents immediately, do not delay returning your form. Please supply any remaining documents as soon as possible to Department of Human Services, International Services, PO Box 7809, Canberra BC ACT 2610, AUSTRALIA.
- 1 Preverite, da ste prebrali in podpisali zgornjo izjavo.
 - 2 Obrazcu priložite vse dodatne informacije, za katere menite, da utemeljujejo vašo vlogo. Obrazec pošljite tudi, če ne morete nemudoma zagotoviti vseh dokumentov. Preostale dokumente nato pošljite takoj, ko bo mogoče, na naslov: Human Services, International Services, PO Box 7809, Canberra BC ACT 2610, AUSTRALIA.

ENQUIRIES

If you have any questions please call

(+61 3) **6222 3455** (outside Australia)

131 673 (inside Australia)

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

POIZVEDBE

V primeru kakršnih koli vprašanj, prosimo, pokličite:

(+61 3) **6222 3455** (zunaj Avstralije)

131 673 (znotraj Avstralije)

Opomba: Klici se zaračunavajo – klici iz mobilnih telefonov se lahko obračunavajo po višji tarifi.