



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

Month/Mjesec	Year/Godina
/	

OR/ILI

I have had my disabilities or illnesses since birth   
Invalid sam ili sam bolestan od rođenja

**Kada vam je zbog invalidnosti, bolesti ili ozljeda postalo teško raditi puno radno vrijeme ili redovno studirati?**

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

e.g. medication, physical therapy, counselling

**Da li se liječite zbog invalidnosti, bolesti ili ozljeda?**

npr. uzimanje lijekova, fizikalna terapija, savjetovanje

No   
Ne

Yes  Please give details  
Da  Navedite podatke


*If you need more space, please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.*

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

**Jeste li ikada bili na bolničkom liječenju zbog ovih invalidnosti, bolesti ili ozljeda?**

No   
Ne

Yes  Date of last admission  
Da  Datum posljednjeg prijema

Day/Dan	Month/Mjesec	Year/Godina
/	/	/

Name of hospital  
Naziv bolnice

--

Duration of stay  
Trajanje boravka

From  
Od

To  
Do

Day/Dan	Month/Mjesec	Year/Godina
/	/	/

Day/Dan	Month/Mjesec	Year/Godina
/	/	/

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

Razlog prijema  
npr. operacija, pregled, liječenje


Number of admissions in the last 5 years  
Broj prijema u posljednjih 5 godina

--

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

**Očekujete li da ćete u budućnosti imati neku operaciju?**

No   
Ne

Yes  Type of operation/procedure  
Da  Vrsta operacije/procedure


Expected date (if known)  
Očekivani datum (ako je poznat)

Day/Dan	Month/Mjesec	Year/Godina
/	/	/

Where will operation take place (if known)  
Gdje će se operacija obaviti (ako znate)


Reason for operation  
Razlog operacije


7 How often does your disability, illness or injury make it difficult for you to: Koliko često vam je zbog vaše bolesti, invalidnosti ili ozljede teško...	no problem bez problema	sometimes ponekad	often često	all the time uvijek	Please give further details (if applicable) Navedite ostale podatke (ako ih imate)
sit sjediti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
stand stajati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
walk hodati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
climb stairs hodati uz stube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
drive a car voziti auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
use public transport koristiti javni prijevoz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
pick up objects podizati predmete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
handle objects rukovati predmetima	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
lift dizati	<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 sagnuti se	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
operate everyday appliances or machinery svakodnevno rukovati aparatima ili strojevima	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
read čitati	<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 čuti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
concentrate koncentrirati se	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
remember pamtiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
interact with others komunicirati s drugima	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
attend work or other appointments biti na poslu ili drugim sastancima	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
understand or follow instructions razumjeti ili slijediti upute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
sleep spavati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
breathe disati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
manage your personal affairs obavljati svoje osobne stvari	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
care for yourself* brinuti se o sebi*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
care for others brinuti se o drugima	<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.

\* Ako netko vodi brigu o vama puno radno vrijeme, ta bi osoba mogla ostvariti pravo na isplatu za njegovatelja. Molimo nazovite Međunarodne usluge ako trebate dodatne informacije.

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

**Na radnom mjestu, hoće li Vam zbog invalidnosti, bolesti ili ozljede biti teže:**

no ne    sometimes ponekad    often često    all the time uvijek

**Please give further details (if applicable)**  
**Navedite ostale podatke (ako ih imate)**

<b>A</b>	<b>interact with others? družiti se s drugima?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B</b>	<b>maintain appropriate behaviour? održavati odgovarajuće ponašanje?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C</b>	<b>cope with work related stress or pressure? izdržati stres i pritisak zbog posla?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D</b>	<b>learn new tasks? učiti nove zadatke?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E</b>	<b>remember how to do tasks? sjećati se kako obaviti zadatke?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>F</b>	<b>understand and follow instructions? razumjeti i slijediti upute?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>G</b>	<b>concentrate? koncentrirati se?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>H</b>	<b>persist at tasks without unscheduled breaks? obavljati zadatke bez nepredviđenih prekida?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>I</b>	<b>undertake more than one task? preuzeti više od jednog zadatka?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>J</b>	<b>look after your personal care needs? voditi računa o osobnoj njezi?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>K</b>	<b>physically complete tasks? fizički obaviti zadatke?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>L</b>	<b>move safely around the workplace? kretati se sa sigurnošću na radnom mjestu?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>M</b>	<b>communicate with others? komunicirati s drugima?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>N</b>	<b>control the use of your language? kontrolirati što govorite?</b>	<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.  
**Kod kojeg liječnika obično odlazite zbog invaliditeta, bolesti ili ozljeda?**  
 npr. liječnik opće prakse.

Name  
 Ime

Address  
 Adresa

Telephone  
 Telefon

Do you give permission for us to contact this person?  
 Dajete li nam dopuštenje da kontaktiramo tu osobu?

No  Yes   
 Ne Da

**10 Have any specialists or other doctors treated you for these disabilities, illnesses or injuries?**  
**Da li vas je koji specijalist ili neki drugi liječnik liječio zbog invaliditeta, bolesti ili ozljeda?**

No   
 Ne

Yes  **Name**  
 Da **Ime**

Address  
 Adresa

Telephone  
 Telefon

Date of last visit  
 Datum posljednjeg pregleda

Conditions for which you were treated  
 Zdravstveno stanje zbog kojeg ste liječeni

*If you have specialist reports, please attach copies.  
 Ako imate mišljenje specijaliste, molimo priložite kopiju.*

**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  
**Da li ste se obratili za mišljenje ili dobili pomoć od bilo koga drugoga u svezi invaliditeta, bolesti ili ozljeda?**  
 npr. • odvjetnik  
 • socijalni radnik  
 • općinski zdravstveni radnik  
 • profesor  
 • psiholog  
 • fizioterapeut

No   
 Ne

Yes  **1**

Name  
 Ime

Profession  
 Zanimanje

Address  
 Adresa

Telephone  
 Telefon

Do you give permission for us to contact this person?  
 Dajete li nam dopuštenje da kontaktiramo tu osobu?

No  Yes   
 Ne Da

**2**

Name  
 Ime

Profession  
 Zanimanje

Address  
 Adresa

Telephone  
 Telefon

Do you give permission for us to contact this person?  
 Dajete li nam dopuštenje da kontaktiramo tu osobu?

No  Yes   
 Ne Da

*If you need more space, please attach a separate sheet of paper with details.  
 Ako vam treba više prostora, molimo priložite posebni list papira s podacima.*

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

No

Ne

Yes

Da

Please give details  
Navedite podatke

**Postoje li bilo kakvi drugi podaci za koje smatrate da trebamo znati o vašoj invalidnosti, bolestima ili ozljedama?**


*If you need more space, please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.*

**13 School or full-time education details**  
**Podaci o školi ili redovnom školovanju**

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

	years old starost
--	----------------------

Koliko ste imali godina kada ste napustili školu ili redovno školovanje?

Year of leaving school/education

Godina napuštanja škole/ školovanja

--

What grade/year did you reach?

Do kojeg razreda/godine ste došli?

--

What is the highest educational qualification you obtained?

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

Koje ste najviše kvalifikacije stekli?

npr. svjedodžbu za 10 godina školovanja, visokoškolsku diplomu, akademski stupanj


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

No

Ne

Yes

Da

Please give details  
Navedite podatke

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

**Jeste li stekli neke druge kvalifikacije, stručne spreme ili iskustvo?**

Navedite npr. dobrovoljni rad, tečajeve, dozvole za zanat, obrtnice, diplome, tercijarne kvalifikacije


*If you need more space, please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.*

**15 Have you ever worked?**  
**Jeste li ikada radili?**

No

Ne

Yes

Da

Go to **Question 18**  
Idite na **pitanje 18**

What date did you last work?  
Datum kad ste posljednji puta radili?

Month/Mjesec	Year/Godina



**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

**Jeste li sudjelovali u bilo kojim programima za lakše nalaženje posla, zadržavanje posla, povratak na posao, lakše podnošenje povrede ili programima za radnu rehabilitaciju, stjecanje novih sposobnosti, radnog iskustva ili prakse?**

<b>1</b>	Name of provider Ime pružatelja usluga	<input type="text"/>	
	Type of program Vrsta programa	<input type="text"/>	
	Dates you participated Datumi sudjelovanja	From Od	To Do
		Day/Dan / Month/Mjesec / Year/Godina	Day/Dan / Month/Mjesec / Year/Godina

<b>2</b>	Name of provider Ime pružatelja usluga	<input type="text"/>	
	Type of program Vrsta programa	<input type="text"/>	
	Dates you participated Datumi sudjelovanja	From Od	To Do
		Day/Dan / Month/Mjesec / Year/Godina	Day/Dan / Month/Mjesec / Year/Godina

*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 svu dokumentaciju koju imate, u kojoj se navode podaci o Vašem sudjelovanju u tom programu, uključujući kad je program počeo i završio, uvjete tog programa, koje ste aktivnosti obavljali tijekom sudjelovanja u programu i koliko dugo.*

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

No

Ne

Yes

Da

**Postoji li razlog zbog kojeg ne biste mogli sudjelovati u programu osposobljavanja ili školovanja u budućnosti?**

Is this because you are about to have other treatment?  
Je li razlog to što ćete imati drugo liječenje?

No

Ne

Yes

Da

Please give details  
Navedite podatke

----------------------

*If you need more space, please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.*

Is this drug or alcohol related?

Ima li to veze s drogom ili alkoholom?

No

Ne

Yes

Da

Is there another reason?

Postoji li drugi razlog?

No

Ne

Yes

Da

Please give details  
Navedite podatke

----------------------

*If you need more space, please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.*



- 20** When do you think you will be able to start part-time or full-time work or study?  
Što mislite kad ćete biti u stanju početi rad ili školovanje s punim ili skraćenim radnim vremenom?
- |                                        |                          |                                  |                          |                                          |                          |
|----------------------------------------|--------------------------|----------------------------------|--------------------------|------------------------------------------|--------------------------|
| now<br>sada                            | <input type="checkbox"/> | 6–12 months<br>in 6–12 mjeseci   | <input type="checkbox"/> | more than 2 years<br>za više od 2 godine | <input type="checkbox"/> |
| within 6 months<br>u roku od 6 mjeseci | <input type="checkbox"/> | 12–24 months<br>in 12–24 mjeseca | <input type="checkbox"/> | never<br>nikada                          | <input type="checkbox"/> |

- 21** Did someone help you complete this form?  
Je li vam netko pomogao ispuniti ovu tiskanicu?
- No   
Ne
- Yes  Who helped you?  
Da Tko vam je pomogao?
- Name  
Ime
- Address  
Adresa
- Postcode  
Poštanski broj
- Telephone  
Telefon (  )
- Do you give permission for us to contact this person?  
Dajete li nam dopuštenje da kontaktiramo tu osobu? No  Yes   
Ne Da

**22** IMPORTANT INFORMATION  
VAŽNE INFORMACIJE

**Privacy and your personal information**

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](https://servicesaustralia.gov.au/privacy)

**Zaštita privatnosti i Vaši osobni podaci**

Privatnost i sigurnost vaših osobnih podataka nam je važna i zakonom zaštićena. Te podatke prikupljamo kako bismo mogli obraditi vašu molbu i vršiti isplate, kao i pružati vam usluge. Vaše podatke proslijeđujemo drugim stranama samo kada vi date suglasnost za to ili kada nam zakon to dopušta ili nalaže. Za daljnje informacije, posjetite [servicesaustralia.gov.au/privacy](https://servicesaustralia.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**

Ukoliko stranka ne može potpisati ovu tiskanicu, treba je potpisati njezin pravni zastupnik i treba priložiti isprave o skrbništvu ili punomoći.

**I declare that:**

**I understand that:**

**Izjavljujem:**

**Razumijem:**

- the information I have given is correct.
- giving false or misleading information is a serious offence.
- da su podaci koje sam naveo/navela točni.
- da se namjerno davanje netočnih i lažnih podataka kažnjava.

**Your signature  
Vaš potpis**

Date  
Datum

Day/Dan	Month/Mjesec	Year/Godina
/	/	/

**Return this form to:**

**Services Australia  
International Services  
PO Box 7809  
CANBERRA BC ACT 2610  
AUSTRALIA**

**Vratite ovaj obrazac na:**

**Services Australia  
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 Services Australia, International Services, PO Box 7809, CANBERRA BC ACT 2610, AUSTRALIA.
- 1 Provjerite da ste pročitali i potpisali vašu ranije navedenu izjavu.
  - 2 Priložite sve podatke za koje smatrate da će poduprijeti vaš zahtjev. Ukoliko ne možete odmah pribaviti sve isprave, nemojte odgoditi vraćanje ove tiskanice. Preostale isprave dostavite što prije na Services Australia, 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.

**UPITI**

Ako imate kakvih pitanja izvoliti nazvati

(+61 3) **6222 3455** (izvan Australije)

**131 673** (u Australiji)

**Opaska:** Pozivi se naplaćuju – pozivi s mobitela se mogu naplaćivati po višoj tarifi.