

# Vocational program – claim for payment



State Insurance  
Regulatory Authority

## *Workplace Injury Management and Workers Compensation Act 1998*

Use this form to request payment or reimbursement for SIRA s53 vocational program costs and/or associated expenses.

### Section 1: This application is for (please tick appropriate box(es))

Work trial (and associated expenses)

Training (and associated expenses)

Equipment only

Transition to work

Return to work assist

### Section 2: Send to (scheme agent, insurer or SIRA)

Contact name (if known)

Organisation

Date (DD/MM/YYYY)

### Section 3: Worker details

Given name(s)

Surname

SIRA training program approval number (if applicable)    Claim number

Date of birth (DD/MM/YYYY)    Date of injury (DD/MM/YYYY)

*Worker details continued over...*

Postal address

Suburb

State

Postcode

Telephone number

Mobile number

Email

## Section 4: Insurer details

Insurer

Contact person

Postal address

Suburb

State

Postcode

Telephone number/Mobile number

Email

## Section 5: Details of party submitting application (if not worker or insurer)

Organisation

Contact person

Postal address

Suburb

State

Postcode

Telephone number/Mobile number

Email

## Section 6: Payment and expense details

Provide the payment details for each payee in the fields below. Make sure you attach invoices for each payee (or receipts for expenses where the payee is not the supplier). If you are claiming travel costs, please complete the travel expenses section on the next page.

Payee (Name or business/trading name)	ABN (where applicable)	Description of expenses	Cost (\$)
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Postal address	Account name
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Suburb	State	Postcode	BSB number	Account number
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Payee (Name or business/trading name)	ABN (where applicable)	Description of expenses	Cost (\$)
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Postal address	Account name
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Suburb	State	Postcode	BSB number	Account number
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Payee (Name or business/trading name)	ABN (where applicable)	Description of expenses	Cost (\$)
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Postal address	Account name
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Suburb	State	Postcode	BSB number	Account number
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*Payment and expense details continued over...*

**Travel expenses** (advance travel payments to a total value of \$300 ONLY per period may be claimed)

**Travel period (dates)**

(DD/MM/YYYY) to (DD/MM/YYYY)

**Public transport**

Cost per week (\$)	Number of weeks	Total (\$)
	X	=

**Private vehicle**

km per day	Number of days	Total (\$)
0.55c per km X	X	=

**Section 7: Declaration** (this claim cannot be processed until both parties sign below)

We confirm that satisfactory progress is being made in relation to the vocational program activities and that all information in this claim is true and correct.

Any equipment that has been received by the worker is in good condition.

In addition to this form, an invoice or receipt is submitted (where indicated) in support of this claim for payment.

Name

Of

Signature of party submitting application Date (DD/MM/YYYY)

Worker signature Date (DD/MM/YYYY)

Further information may be obtained from [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au).

**Phone:** 13 10 50

**Email:** [vocprograms@sira.nsw.gov.au](mailto:vocprograms@sira.nsw.gov.au)