JobCover placement   
program checklist

This checklist is designed to help a person determine if a proposal meets all the requirements outlined in the JobCover placement program guidance material. A JobCover placement program cannot proceed unless all the requirements are met.

|  |  |
| --- | --- |
| Name of person completing the checklist: |  |
| Date (DD/MM/YYYY): |  |

Eligibility

**Worker:**

at time of program commencement, is receiving or entitled to receive weekly payments

is unable to return to work with their pre-injury employer

has not accepted a commutation or work injury damages settlement

**Employer:**

is not the worker’s pre-injury employer

holds a current workers compensation policy with an insurer or a self-insurer’s licence

is not grouped with the pre-injury employer for workers compensation insurance or insured under the same group self-insurer licence as the pre-injury employer

demonstrates adherence to their jurisdiction’s workers compensation and workplace health and safety legislation

is not in receipt of any other wage subsidy for the worker

Employment

**Employment is:**

a minimum of 64 paid hours per month or a return to pre-injury hours

a minimum of 12 months, and

**(Tick relevant box)**

full or part-time work

a casual, labour hire or contract arrangement where work is ongoing and there is a formal agreement with the employer

temporary and there is a fixed-term agreement greater than 12 months

**Note:** Employment should not be temporary or seasonal work, or related to the establishment of a small business or other self-employment arrangement.

Conflict of interest

Potential conflict of interest has been identified

Yes  No

**If yes:**

Issues discussed with the insurer, and strategies to address the conflict of interest have been outlined on the agreement form

Additional supports

**Consideration has been given to the need for:**

a workplace assessment

workplace modifications and/or equipment

return to work assistance payments:

new employment assistance

new education and training assistance

transition to work

training

Confirming agreement

the agreement form has been signed by worker, employer, insurer and workplace rehabilitation provider (if involved)

all parties understand the benefits negotiated, as well as their roles and responsibilities in using the program

the employer knows they should call the insurer and speak to the program contact person if they have any difficulties

all parties have a copy of the signed agreement form