

# Vocational program – closure report



State Insurance  
Regulatory Authority

*Workplace Injury Management and Workers Compensation Act 1998*

Use this form to record the outcome of a SIRA s53 vocational program.

**Section 1: This closure report is for** (please tick appropriate box(es))

Work trial

Training

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 approval number

Claim number

**Section 4: Details of party submitting closure report**

Organisation

Contact person

*Details of party submitting report continued over...*

Email

Telephone number

Signature

Date (DD/MM/YYYY)

## Section 5: Duration

Commencement date (DD/MM/YYYY)

Completion date (DD/MM/YYYY)

Number of days attended

Were advanced payments made?

Yes

No

## Section 6: Completed vocational program

Yes

No

## Section 7: Outcome (please tick the appropriate boxes)

Commenced employment on pre-injury hours

Aggravation of injury/certified unfit or reduced suitable duties

Commenced employment on reduced hours

Accident (unrelated to injury)

With host employer

With other employer

Illness (unrelated to injury)

Returned to pre-injury employer

Host employer dissatisfaction

Utilising JobCover Placement Program

Worker dissatisfaction

Ongoing job seeking

Workplace rehabilitation provider dissatisfaction

Undertaking further training

Withdrawn/discontinued (please provide comment over page)

Other (please provide comment over page)

Does the worker continue to receive weekly compensation payments?

Yes

No

Does the worker believe the vocational program has assisted them with their recovery at/return to work goal?

Yes

No

## Section 8: Comments (required for all closures)

Outline the reasons why the worker has not gained employment or did not complete the vocational program.

Please send the completed form to the organisation that assessed the original application for endorsement/approval.

If you selected 'Return to work assist' at the start of this form, please email a copy to SIRA at [vocprograms@sira.nsw.gov.au](mailto:vocprograms@sira.nsw.gov.au) within five working days of completion of the program.

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)