

CTP vocational support application form



State Insurance
Regulatory Authority

Motor Accident Injuries Act 2017 Section 3.41: Vocational and return to work support provided by Authority

Use this form for a new SIRA CTP vocational support program or for an extension/amendment to an existing program.

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

CTP Transition to Work

CTP Recover at Work Assist

JobCover Placement

Section 2: Injured person's details

Given name(s)

Surname

Date of birth (DD/MM/YYYY)

Claim number

Date of injury (DD/MM/YYYY)

Details of injury

Postal address

Suburb

State

Postcode

Telephone number

Mobile number

Email

Section 3: Insurer details

Insurer

Contact person

Postal address

Suburb

State

Postcode

Telephone number

Mobile number

Email

Section 4: Recover at work goal or offer of employment (Specify job and hours; attach a job description if available.)

Section 5: Extension/amendment(s)

Do you need an extension/amendment for an existing vocational support program?

Yes

No

Outline the reason for the extension/amendment(s).

Section 6: Supporting documentation

Attach evidence to support the relevant vocational program requirements (refer to *SIRA guide for CTP vocational support programs*).

Number of attachments

Section 7: Vocational support program details (employer - CTP Recover at Work Assist, and CTP JobCover placement if known)

Location

Organisation

Postal address

Suburb

State

Postcode

Contact person

Telephone number

Mobile number

Email

I support this application:

Signature of employer or employer representative

Section 8: Duration

If requesting an extension/amendment please provide dates for the new period only.

Commencement date (DD/MM/YYYY)

Completion date (DD/MM/YYYY) (if applicable)

Number of weeks

Section 9: Estimated program costs

Only fill in the section for the program you are applying for.

Recover at Work Assist (maximum allowable is \$400/week for up to 12 weeks)

\$ per week	Number of weeks	Total

JobCover Placement (maximum allowable is \$27,400 for up to 12 months, payable as lump sums at the end of 12, 26 and 52 weeks)

\$ per week	Number of weeks	Total
Weeks 1 - 12 at \$400/wk		
Weeks 13 - 26 at \$500/wk		
Weeks at \$600/wk		
Total \$ for 12 months		

Transition to Work (attach quotes/invoices)

Tier 1: up to \$200 to prepare for job seeking or commence work

Description of expenses	Cost

Tier 2: up to \$5,000 to address an immediate or short-term barrier preventing acceptance of new employment offer

Description of expenses	Cost
Tier 1 and Tier 2 Total \$	

Section 10: Declaration and authorisation of claimant

Please read this declaration carefully before writing your name below and signing.

- All information you have provided in this form must be true and correct in every respect.
- You authorise the insurer to contact and obtain information and documents relevant to this application from persons specified in this authorisation below and provide information and documents so obtained to persons specified in this authorisation below.

The consent and authorisation to release, use, disclose and exchange personal and health information on this form and information obtained in the course of the processing and managing this application for a vocational program apply to and between:

- any doctor, ambulance service, hospital or other health related service provider
- any police department
- any property damage insurer
- any employer or accountant of the injured person
- any personal injury insurer or workers compensation insurer
- Centrelink
- Medicare Australia
- Lifetime Care and Support Authority of NSW
- State Insurance Regulatory Authority (SIRA).

Signature

Date (DD/MM/YYYY)

Further information may be obtained from <https://www.sira.nsw.gov.au/theres-been-an-injury/im-a-worker-recovering-at-work>.

Email: RTW.MAIR@sira.nsw.gov.au

For insurer use only

I, _____ of _____

declare that this vocational support program proposal described above to a total of _____ conforms to the requirements outlined in the CTP guide for vocational support programs

I believe that the claimant is eligible for the program applied for and that the application meets the relevant vocational support program requirements.

Signature

Date (DD/MM/YYYY)

Telephone number

Submission checklist

Transition to Work

Claimant eligible to receive weekly payments under the <i>Motor Accident Injuries Act 2017</i>	Yes	No
At least 26 weeks after accident	Yes	No
Claimant cannot return to work with pre-accident employer because of injury, and has immediate/short-term barrier to employment - ATTACH DETAILS	Yes	No
Claimant has not accepted a settlement	Yes	No
For Tier 2 applications: claimant has confirmed offer of employer with new employer for 3 months or more, and minimum of 64 paid hours/month or equivalent to pre-injury hours	Yes	No
Addresses the three Transition to Work program principles - ATTACH TO THIS APPLICATION	Yes	No
Claimant has signed declaration and authorisation (Section 10)	Yes	No
Employer has signed section 7	Yes	No

Recover at Work Assist

Workplace assessment has been completed (does not need to be included in this application)		
Recover at work plan - INCLUDE WITH THIS APPLICATION		
Claimant has current certificate of fitness	Yes - fit for pre-injury work Yes - has capacity for some type of work	No
Claimant eligible to receive weekly payments under the <i>Motor Accident Injuries Act 2017</i>	Yes	No
Is able to complete the program within 26 weeks of the date of the accident	Yes	No
Employer is pre-employment employer	Yes	No
Employer has indicated they need financial support to support claimant	Yes	No
Employer committed to claimant's injury management and recovery at work	Yes	No
Claimant has signed declaration and authorisation (Section 10)	Yes	No

JobCover Placement

Claimant is certified as having current work fitness (at any level) but cannot return to pre-accident employer	Yes	No
Claimant eligible to receive weekly payments under the <i>Motor Accident Injuries Act 2017</i>	Yes	No
Settlement has not been accepted	Yes	No
Employer is new employer	Yes	No
Employer has current workers compensation policy	Yes	No
Employer isn't grouped with pre-accident employer for workers compensation insurance	Yes	No
Employer offering minimum of 64 paid hours/month or return to pre-injury hours for minimum for 12 months	Yes	No
Employer does not receive any other wage subsidy for the claimant	Yes	No
Employer demonstrates adherence to workers compensation and WHS legislation	Yes	No
Claimant has signed declaration and authorisation (Section 11)	Yes	No
Employer demonstrates adherence to workers compensation and WHS legislation	Yes	No