

Support4work grant for small business – application form injured person consent



State Insurance
Regulatory Authority

Privacy statement

Your employer is asking you to fill out this form in support of their application to the State Insurance Regulatory Authority (SIRA) for the *Support4work grant for small business* (Support4work). SIRA is providing Support4work to help your employer offer you suitable work. This information is needed by your employer and will be sent to the SIRA as part of your employer's application for Support4work to confirm your recovery at work.

You are under no obligation to complete this form or provide your consent. If you do not provide the information requested then SIRA will not be able to process your employer's application. SIRA will use the information you provide in this form to process your employer's application. SIRA may disclose your personal and health information to your employer and the insurer managing your claim to verify and administer your employer's application. SIRA may contact you to verify the information in the application, and to confirm that your employer has provided suitable work.

SIRA will take reasonable security measures to protect your personal information from loss, unauthorised access, use, modification, disclosure or other misuse. Your personal information will be held and disposed of securely at SIRA, Level 6, 2-24 Rawson Place, Sydney, NSW 2000.

For further details about how SIRA collects and manages personal information, and how you can access and correct it, visit SIRA Privacy at: www.sira.nsw.gov.au/privacy

Should you wish to discuss *Support4work*, talk with your employer or contact SIRA at 13 10 50.

Section 1: Your details (all fields should be filled out)

Given name(s)

Surname

Postal address (include unit/street/property/Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Suburb

State

Postcode

Phone number

Email

Date of birth (DD/MM/YYYY)

Claim number

Date of injury (DD/MM/YYYY)

Insurer (managing your claim)

Insurer contact number

Insurer email

Section 2: Declaration

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

I understand that my employer is making an application for *Support4work* to help them provide suitable work to assist with my recovery.

I have been provided with the *Support4work* factsheet.

I understand that this form as well as my payslips for the period of *Support4work* will be provided to SIRA as evidence that my employer has provided me with suitable work.

I understand that SIRA will pay the grant money to my employer.

I understand SIRA may contact me by telephone to verify the information in the application, and at five and 10 weeks after I recommence work to confirm my employer has provided suitable work and to understand if this grant has helped.

I consent to SIRA disclosing the information to my employer and the insurer managing my claim to verify the information.

Name

Signature

Date (DD/MM/YYYY)