

Vocational program – details



State Insurance
Regulatory Authority

Workplace Injury Management and Workers Compensation Act 1998

Use this form for a new SIRA s53 vocational program or for an extension/amendment to an existing program. You are under no obligation to provide any personal information but incomplete applications will not be processed.

Personal information collection notice

The insurer managing the worker's claim, or the State Insurance Regulatory Authority (SIRA), will use the information in this form to contact the worker, provider or party submitting the form, for the purpose of verifying and administering the application.

If the application is assessed by SIRA, your information will be handled in line with SIRA's Privacy management plan. For more information about privacy, or to access/amend your personal information, go to www.sira.nsw.gov.au/privacy.

For information about how the insurer at section 4 manages your personal information, please make direct contact.

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

Work trial (and associated expenses)

Equipment only

Transition to work

Recover at work assist for small business

Note: Where the worker is entitled to claim new employment assistance, this entitlement must be exhausted before accessing SIRA transition to work or equipment program funding for new employment. All fields must be completed. You are under no obligation to provide any personal information but incomplete applications will not be processed.

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

Contact name (if known)

Position

Organisation

Date (DD/MM/YYYY)

Section 3: Worker 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 4: Insurer details

Organisation

Contact person

Postal address

Suburb

State

Postcode

Telephone number

Email

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

Organisation

Postal address

Suburb

State

Postcode

Contact person

Telephone number

Mobile number

Email



Section 6: Return to work goal or offer of employment (specify job and hours)

Section 7: Extension/amendment(s) (not applicable for Recover at work assist for small business)

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

Yes No

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

Section 8: Supporting documentation

Attach evidence to support the relevant vocational program principles (refer to the relevant guidance material).
Number of attachments

Section 9: Vocational program details (host employer – work trial, employer – equipment/
workplace modifications, transition to work)

Location

Organisation

Postal address

Suburb

State

Postcode

Contact person

Telephone number

Mobile number

Email

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

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

Number of weeks

If requesting an extension/amendment, only complete the fields that have changed since the last application.

Description of expenses (please attach quotes/invoices)

Cost (\$)

Total (\$)

Travel period (dates)

to

(DD/MM/YYYY)

(DD/MM/YYYY)

Cost per week (\$)

Number of weeks

Total (\$)

X

$$=$$

km per day

Number of days

Total (\$)

0.55¢ per kilometre X

X

$$=$$

Car insurance confirmed (Refer to relevant guidance material for details on insurance arrangements.)

Third party

Comprehensive

Total cost (\$) of expenses being requested under s53

Section 12: Submission checklist

In addition to this form please send the following documents:

Supporting documentation (addressing the relevant principles of the vocational program).

For work trials – recovery at/return to work plan and signed work trial agreement.

For Recover at work assist for small business, a recovery at/return to work plan.

Section 13: Declaration of conformity

I declare this vocational program proposal conforms to the requirements outlined in the SIRA vocational program guidance material.

For an extension/amendment only:

Relevant parties have been consulted regarding the proposed extension/amendment.

Insurer approval remains current for the proposed extension/amendment.

Name

Of

Signature

Date (DD/MM/YYYY)

Further information may be obtained from www.sira.nsw.gov.au.

Phone: 13 10 50

Email: vocprograms@sira.nsw.gov.au

Section 14: Worker declaration

By submitting your application you:

confirm the details provided are true and correct

agree to various checks to verify your identity and confirm eligibility for the program

consent to disclosing your personal information to the insurer/ SIRA in order to verify details

understand that SIRA may contact you to discuss the use of the program and the recovery at work outcome.

Signature

Date (DD/MM/YYYY)

For office use only

I, _____ of _____
(insurer/SIRA/workplace rehabilitation provider) approve/do not approve the funding described above to
a total of: _____

I certify that the worker is eligible for assistance and the application conforms to the relevant vocational
program requirements.

Signature _____ Date (DD/MM/YYYY) _____

Telephone number _____