

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

Recover at work assist for small business

Connect2work

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

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)

- | | |
|---|--|
| Returned to pre-injury role | Aggravation of injury/certified unfit or reduced suitable duties |
| Commenced employment on pre-injury hours | Accident (unrelated to injury) |
| Commenced employment on reduced hours | Illness (unrelated to injury) |
| With host employer With other 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| Undertaking further training | Withdrawn/discontinued (please provide comment over page) |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 program 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 and include recommendations for further return to work assistance.

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

If you selected 'Recover at work assist for small business' at the start of this form, please email a copy to SIRA at 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.

Phone: 13 10 50

Email: vocprograms@sira.nsw.gov.au