

CTP Programs to Support Recovery at Work – 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 program to support recovery at work 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 Program

JobCover6

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

Contact number

Email

Current Capacity for work – as per Certificate of Fitness (including dates from and to, hours and restrictions)

Section 3: Insurer details

Insurer

Case manager/Contact person

Contact number

Email

Section 4a: Workplace rehabilitation provider (if applicable)

Name of rehabilitation provider (organisation)

Case manager/Contact person

Contact number

Email

Section 4b: Return to work plan (if applicable)

Has a return to work (RTW) plan been completed for the injured person?

Please attach a copy along with this application

Yes

No

RTW Plan start date (DD/MM/YYYY)

RTW Plan end date (DD/MM/YYYY)

Recover at work goal or details about the offer of employment (specify the job and hours. Attach a job description if applicable)

Section 5: Reason(s) for application

What barrier is being removed to allow the injured person to return to work? What will this program be used for?

Section 6: Extension/amendment(s)

Do you need an extension/amendment of an existing program?

Yes No

Outline the reason for the extension/amendment(s)

Section 7: Employer and employment details (applicable for Recover at Work Assist and JobCover Placement Program/JobCover6)

Employer details

Are you self-employed?

Yes No

Organisation

Postal address

Suburb State Postcode

Contact person ABN

Telephone number Mobile number

Email

Complete ONLY IF applying for the JobCover Placement Program/JobCover6

Workers compensation insurer Policy number

Period of cover:
Start date (DD/MM/YYYY) End date (DD/MM/YYYY)

Employer and employment details continued over...

Employment details

Job position/title

Brief description of the role (administrative/sales/driver etc.)

Full time

Part time

Casual

Hours being offered (per week)

I support this application:

Signature of employer or employer representative

Section 8: Program duration

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

Commencement date (DD/MM/YYYY)

Completion date (DD/MM/YYYY)

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 up to \$400/week for up to 12 weeks)

\$ per week	Number of weeks	Total

JobCover Placement (maximum allowable is up to \$27,400 for up to 12 months)

Duration (\$ per week)	Amount requested	Number of weeks	Total
Weeks 1 – 12 (up to \$400/week)			
Weeks 13 – 26 (up to \$500/week)			
Weeks at 27 – 52 (up to \$600/week)			
Total \$			

JobCover6 (minimum duration 12 weeks, maximum allowable is \$10,400 for up to 26 weeks, payable as lump sums at the end of 12 and 26 weeks)

Duration (\$ per week)	Amount requested	Number of weeks (minimum 12 weeks)	Total
Weeks 1 – 12 (up to \$400/week)			
Weeks 13 – 26 (up to \$400/week)			
Total \$			

Estimated program costs continued over...

Transition to Work (attach quotes/invoices)

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

Description of expenses	Total

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

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

Section 10: Declaration and authorisation of injured person

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

- You have read and familiarised yourself with the *SIRA Guidance: CTP Programs to Support Recovery at Work* and agree with the *Terms of CTP Programs to Support Recovery at Work*.
- All information you have provided in this form is 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 support program apply to and between:

- any doctor or other health related service provider
- any employer or accountant of the injured person
- any personal injury insurer or workers compensation insurer
- Centrelink
- Lifetime Care and Support Authority of NSW
- State Insurance Regulatory Authority (SIRA)

Full name

Signature

Date (DD/MM/YYYY)

Section II: Agreement to SIRA CTP programs to support recovery at work

Please note: The insurer, employer and injured person must all sign this agreement before the injured person commences the program. This is so that all parties are aware of their obligations and have access to program benefits.

By signing below, the injured person, employer and insurer:

- agree to the negotiated benefits as outlined in this document
- agree to the attached *Terms of CTP Programs to Support Recovery at Work*
- confirm that they have read the Injured person's Privacy Notice within the *Terms of CTP Programs to Support Recovery at Work*
- confirm the eligibility of pre accident/new employer
- confirm the new employer has a current workers compensation policy (where applicable)
- agree that the CTP insurer will be notified within seven days if there are any changes to the injured person and/or employer's eligibility (for example, the injured person resigns or the employer ceases trading)

Injured person consent and acknowledgement

In applying for and/or participating in a program, I consent to SIRA collecting, retaining, using and disclosing my personal and/or health information to:

- assess whether I am eligible for the program
- monitor the scheme and insurer performance, and
- create and maintain administrative records and reports.

By signing this document, I acknowledge that I have read and understood the *SIRA Guidance: CTP Programs to Support Recovery at Work* and the *Terms of CTP Programs to Support Recovery at Work*, and I agree to comply with these Terms.

Signature

Date (DD/MM/YYYY)

Employer consent and acknowledgement (not applicable for Transition to Work program)

By signing this document, I acknowledge that I have read and understood the *SIRA Guidance: CTP Programs to Support Recovery at Work* and the *Terms of CTP Programs to Support Recovery at Work*, and I agree to comply with these Terms.

Complete ONLY IF applying for the JobCover Placement Program/JobCover6

In accordance with the eligibility criteria in the JobCover Placement Program/JobCover6 guidance material and following negotiation between:

(injured person),

(employer) and

(CTP insurer) the following

benefits have been agreed upon (tick which benefits apply):

☐ Employer incentive payment

☐ Reimbursement for any workers compensation claims excess incurred as a result of changes to the injured person's existing injury in the first two years of their employment

Employer consent and acknowledgement continued over...



Contact person and designation

Organisation

Signature

Date (DD/MM/YYYY)

For insurer use only

I, _____ of _____
hereby declare that the support program proposal described below, to a total of

\$ _____, conforms to the requirements outlined in the *SIRA Guidance: CTP Programs to Support Recovery at Work*. I also acknowledge that I have read and understood the *Terms of CTP Programs to Support Recovery at Work*, and I agree to comply with these terms. I also confirm that I have shared a copy of the *Terms of CTP Programs to Support Recovery at Work* (including Injured person’s Privacy Notice) with the injured person and their employer (where applicable).

I believe that the injured person is eligible for the program applied for and meets the relevant support program requirements.

Applicable ONLY IF applying for the JobCover Placement Program/JobCover6
I have confirmed that the new employer’s workers compensation policy is correct, and the employer is eligible for this program.

Signature

Date (DD/MM/YYYY)

Contact number

Pre-Submission Checklist: for Insurers

Recover at work Assist

Workplace assessment has been completed	Yes	No
Recover at work plan – ATTACH TO THIS APPLICATION	Yes	No
Injured person has current certificate of fitness	Yes	No
<ul style="list-style-type: none">Fit for pre-injury work	Yes	
<ul style="list-style-type: none">Has capacity for some type of work	Yes	
<ul style="list-style-type: none">Has no capacity to work	Yes	
Injured person eligible to receive weekly payments under the <i>Motor Accident Injuries Act 2017</i>	Yes	No
Employer is pre-accident employer	Yes	No
Employer has indicated that they need financial support to support the injured person	Yes	No
Employer is committed to injured person's injury management and recovery at work	Yes	No
Injured person has signed declaration and authorisation (Section 10) and Agreement to SIRA CTP programs to support recovery at work (Section 11)	Yes	No
Employer has signed Employer and employment details (Section 7) and Agreement to SIRA CTP programs to support recovery at work (Section 11)	Yes	No

JobCover Placement Program/JobCover6

Injured person is certified as having current work fitness (at any level) but cannot return to pre-accident employer	Yes	No
Injured person 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
Duration of program (please select eligible option) – ATTACH OFFER OF EMPLOYMENT TO THIS APPLICATION	Yes	No
<ul style="list-style-type: none">Employer offering minimum of 12 weeks of employment (JobCover6)	Yes	No
<ul style="list-style-type: none">Employer offering minimum of 64 paid hours/month or return to pre-injury hours for minimum for 12 months (JobCover Placement)	Yes	No
Employer isn't grouped with pre-accident employer for workers compensation insurance	Yes	No
Employer does not receive any other wage subsidy for the injured person	Yes	No
Employer demonstrates adherence to workers compensation and WHS legislation	Yes	No
Injured person has signed declaration and authorisation (Section 10) and Agreement to SIRA CTP programs to support recovery at work (Section 11)	Yes	No
Employer has signed Employer and employment details (Section 7) and Agreement to SIRA CTP programs to support recovery at work (Section 11)	Yes	No

Transition to Work

Injured person eligible to receive weekly payments under the <i>Motor Accident Injuries Act 2017</i>	Yes	No
Injured person cannot return to work with pre-accident employer because of injury, and has immediate/short-term barrier to employment	Yes	No
Injured person has not accepted a settlement	Yes	No
Addresses the three Transition to Work program principles – SHARE ALONG WITH THIS APPLICATION	Yes	No
Injured person has signed declaration and authorisation (Section 10) and Agreement to SIRA CTP programs to support recovery at work (Section 11)	Yes	No
Employer has signed Employer and employment details (Section 7) and Agreement to SIRA CTP programs to support recovery at work (Section 11)	Yes	No
For Tier 2 applications: injured person 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

Please note:

The insurer must ensure that the Injured person, employer and workplace rehabilitation provider (where applicable) are given a signed copy of this agreement (signed by all parties), *Terms of SIRA CTP Programs to Support Recovery at Work*, *SIRA Guidance: CTP Programs to Support Recovery at Work* and *Information sheet for workers and employers (applicable for JobCover Placement Program/JobCover6)*

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

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

Phone: CTP Assist – 1300 656 919