

SIRA

# CTP programs to support recovery at work — Application form

**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

Application continued on next page

---

## Section 2: Injured person's details

Given name(s)

Surname

Date of birth (DD/MM/YYYY)

Claim number

Date of crash (DD/MM/YYYY)

Contact number

Email

Is there a current Certificate of Fitness (including dates from and to, hours and restrictions)?

Yes (Please attach a copy of the current Certificate of Fitness, signed by the NTD and injured person)

No (Please obtain a copy of the current Certificate of Fitness, signed by the NTD and injured person **before** submission)

## Section 3: Insurer details

Insurer

Case manager/Contact person

Contact number

Email

## Section 4a: Rehabilitation Provider (if applicable)

Name of rehabilitation provider (organisation)

Rehabilitation Consultant

Contact number

Email

Application continued on next page

---

## Section 4b: Recover at work plan (if applicable)

Has a recover at work plan been completed for the injured person?

Yes (Please attach a copy of the recover at work plan along with this application)

No

## 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)

Application continued on next page

## Section 7: Employer and employment details

(applicable for *Recover at Work Assist* and *JobCover Placement Program/JobCover6* ONLY)

### Employer details

Entity name

Postal address

Suburb

State

Postcode

Contact person

ABN

Email

Contact number

### Employment details

Job position/title

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

Full time

Part time

Casual

## Section 8: Program duration

(applicable for *Recover at Work Assist* and *JobCover Placement Program/JobCover6* ONLY)

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

Application continued on next page

---

## Section 9: Estimated program costs (attach quotes/invoices)

(applicable for *Transition to Work* ONLY)

### 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

Application continued on next page

## Section 10: 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 immediately 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.

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).

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.

**Print name**

**Signature**

**Date (DD/MM/YYYY)**

Application continued on next page

---

## 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.

### 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.

Signature

Date (DD/MM/YYYY)

Contact number

Application continued on next page

# Pre-submission checklist

## Recover at Work Assist

Workplace assessment has been completed	Yes	No
Recover at work plan – <b>ATTACH TO THIS APPLICATION</b>	Yes	No
Injured person has current certificate of fitness – <b>ATTACH TO THIS APPLICATION</b>	Yes	No
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 – <b>ATTACH EMPLOYER'S FINANCIAL SUPPORT LETTER</b>	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 – <b>SHARE ALONG WITH THIS APPLICATION</b>	Yes	No
<b>For Tier 2 applications:</b> 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 (Please attach letter of offer or contract of employment)	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
Offer of employment has been received – <b>ATTACH LETTER OF OFFER</b>	Yes	No
Employer offering minimum of 12 weeks of employment ( <i>JobCover6</i> )	Yes	No
Employer offering minimum of 64 paid hours/month or return to pre-injury hours for minimum for 12 months ( <i>JobCover Placement</i> )	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

**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](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](mailto:RTW.MAIR@sira.nsw.gov.au) Phone: CTP Assist – 1300 656 919

Catalogue No. SIRA09145  
**Sydney office:** Level 14, 231 Elizabeth St, Sydney NSW 2000  
**Gosford office:** 32 Mann St, Gosford NSW 2250  
**Postal address:** Locked Bag 2906, Lisarow, NSW 2252  
**Customer Experience:** 13 10 50 **Website:** [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au)  
 © Copyright State Insurance Regulatory Authority 0821