

JobCover placement program / JobCover6 – agreement



State Insurance
Regulatory Authority

Workplace Injury Management and Workers Compensation Act 1998

This form is used to confirm the eligibility and agreement of a worker and an employer to participate in either a JobCover placement or JobCover6 program. Before completing this form, parties should familiarise themselves with the relevant program guidance material at www.sira.nsw.gov.au

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

JobCover6

JobCover Placement Program

Section 2: Pre-injury employer's insurer details (Documents should be sent to the pre-injury employer's insurer)

Insurer

Insurer case manager

Telephone number

Date (DD/MM/YYYY)

Email

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

Section 4: Pre-injury employer

Organisation/business trading name

Section 5: New employer details

Organisation/business trading name

Contact name

Position

Street address (include unit/street/property/Lot or DP number if applicable – must not be a PO Box)

Suburb

State

Postcode

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

Suburb

State

Postcode

Telephone number

Mobile number

Email

Workers compensation insurer

Policy number

Section 6: Employment details

Position title

Commencement date (DD/MM/YYYY)

Employment arrangement (for example full time/part time and proposed average number of hours per week to be worked, for JobCover6 end date.)

Section 7: Work environment details

Outline any specific workplace factors that need to be addressed to facilitate the new employment (where relevant). This might include equipment and workplace modifications, and risk factors such as conflicts of interest or work health and safety. Please outline the proposed strategies to address the factors identified.

Please note: Training, equipment and/or workplace modification, and transition to work payments require the submission of a separate proposal. Please refer to the relevant guidance material at www.sira.nsw.gov.au for more information.



Section 8: Workplace rehabilitation provider (if applicable)

Provider organisation

Contact person

Telephone number

Mobile number

Email

Section 9: Program benefits (to be completed by the new employer)

In accordance with the eligibility criteria in the relevant program guidance materials and following negotiation between

(worker)

, (employer)

and

(pre-injury employer's insurer)

the following benefits have been agreed upon (tick which benefits apply)

Employer incentive payment

Premium exemption up to two years

Protection against costs of a change to the existing injury up to two years

Section 10: Declaration of conformity (to be signed by the person completing this form)

I declare this proposal conforms to eligibility criteria and requirements outlined in the relevant program guidance material and have confirmed the new employer's workers compensation policy.

Name

Signature

Date (DD/MM/YYYY)

Section 11: Agreement

Please note: The insurer is to sign this agreement before the worker commences employment. This ensures all parties are aware of their obligations and have access to program benefits.

By signing below, the worker, employer and insurer:

- agree to the negotiated benefits as outlined in this document
- confirm the eligibility of the worker
- confirm the new employer has a current workers compensation policy
- confirm the eligibility of the new employer
- agree that the new employer's insurer and the pre-injury employer's insurer or SIRA (where relevant), will be notified within seven days if there are any changes to worker and/or employer eligibility (for example worker resigning, employer ceasing trading).

Agreement continued over...

Worker name

Signature

Date (DD/MM/YYYY)

Employer name

of (organisation name)

Signature

Date (DD/MM/YYYY)

Insurer case manager

of (organisation name)

Signature

Date (DD/MM/YYYY)

Please note:

The insurer must ensure the worker, employer and workplace rehabilitation provider (where applicable) are given a copy of this agreement signed by all parties and a copy of the relevant program guidance material. For employers who are claiming an employer incentive payment, a signed copy of this form should be attached to the employer incentive payment claim form each time the employer incentive payment is claimed.

Contact us for further information

Customer Service Centre: 13 10 50

Email: contact@sira.nsw.gov.au

Website: www.sira.nsw.gov.au

