

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.

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

Work trial (and associated expenses)

Equipment only

Return to work assist

Transition to work

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.

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

Date of birth (DD/MM/YYYY)

Claim number

Date of injury (DD/MM/YYYY)

Details of injury

Worker details continued over...

Postal address

Suburb

State

Postcode

Telephone number

Mobile number

Email

Section 4: Insurer details

Organisation

Contact person

Postal address

Suburb

State

Postcode

Telephone number/Mobile number

Email

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

Organisation

Postal address

Suburb

State

Postcode

Contact person

Details of party submitting application continued over...

Telephone number

Mobile number

Email

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

Section 7: Extension/amendment(s)

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

Vocational program details continued over...

Contact person

Telephone number

Mobile number

Email

Section 10: Duration

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

Commencement date (DD/MM/YYYY)

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

Number of weeks

Section 11: Vocational program costs

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

Expenses

Description of expenses (please attach quotes/invoices)

Cost (\$)

Total

Travel expenses

Travel period (dates)

(DD/MM/YYYY)

to

(DD/MM/YYYY)

Vocational program costs continued over...

Public transport

Cost per week (\$)	Number of weeks	Total (\$)
	X	=

Private vehicle (a travel log should be completed to support a claim for private vehicle expenses)

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 return to work assist - 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

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 _____