

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

Transition to work

Recover at work assist for small business

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

Postal address

Suburb

State

Postcode

Telephone number

Mobile number

Email

Section 4: Insurer details

Organisation

Contact person

Postal address

Suburb

State

Postcode

Telephone number

Email

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

Organisation

Postal address

Suburb

State

Postcode

Contact person

Telephone number

Mobile number

Email

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

Section 7: Extension/amendment(s) (not applicable for Recover at work assist for small business)

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

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 (\$)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total (\$)	<input type="text"/>

Travel expenses (not applicable for Recover at work assist for small business)

Travel period (dates)

to
(DD/MM/YYYY) (DD/MM/YYYY)

Public transport

Cost per week (\$)		Number of weeks		Total (\$)
<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>

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

0.55¢ per kilometre	X	km per day	<input type="text"/>	X	Number of days	<input type="text"/>	=	Total (\$)
								<input type="text"/>

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 Recover at work assist for small business, a 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

For office use only

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