

# Vocational program – claim for payment



State Insurance  
Regulatory Authority

---

*Workplace Injury Management and Workers Compensation Act 1998*

---

Use this form to request payment or reimbursement for SIRA s53 vocational program costs and/or associated expenses.

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

- |                                      |   |                    |
|--------------------------------------|---|--------------------|
| Work trial (and associated expenses) | Equipment only                            | Transition to work |
| Training (and associated expenses)   | Recover at work assist for small business |                    |
| Community Connect                    |   |                    |

## 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

SIRA training program approval number (if applicable)    Claim number

Date of birth (DD/MM/YYYY)

Date of injury (DD/MM/YYYY)

Postal address

Suburb

State

Postcode

Telephone number

Mobile number

Email

## Section 4: Insurer details

Insurer

Contact person

Postal address

Suburb

State

Postcode

Telephone number

Mobile number

Email

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

Organisation

Contact person

Postal address

Suburb

State

Postcode

Telephone number

Mobile number

Email

## Section 6: Payment and expense details

Provide the payment details for each payee in the fields below. Make sure you attach invoices for each payee (or receipts for expenses where the payee is not the supplier). If you are claiming travel costs, please complete the travel expenses section on the next page.

Payee (Name or business/trading name) ABN (where applicable) Description of expenses Cost (\$)

Postal address Account name

Suburb State Postcode BSB number Account number

---

Payee (Name or business/trading name) ABN (where applicable) Description of expenses Cost (\$)

Postal address Account name

Suburb State Postcode BSB number Account number

---

Payee (Name or business/trading name) ABN (where applicable) Description of expenses Cost (\$)

Postal address Account name

Suburb State Postcode BSB number Account number

*Payment and expense details continued over...*

