

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. All fields must be completed. You are under no obligation to provide any personal information but incomplete applications will not be processed.

Personal information collection notice

The insurer managing the worker's claim, or the State Insurance Regulatory Authority (SIRA), will use the information in this claim form to contact your business and worker (employee), for the purpose of verifying and administering your application.

If your application is assessed by SIRA, your information will be handled in line with SIRA's Privacy management plan. For more information about privacy, or to access/amend your personal information, go to www.sira.nsw.gov.au/privacy.

For information about how the insurer at section 4 manages your personal information, please make direct contact.

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Work trial (and associated expenses) | <input type="checkbox"/> Equipment only | <input type="checkbox"/> Transition to work |
| <input type="checkbox"/> Training (and associated expenses) | <input type="checkbox"/> Recover at work assist for small business | |
| <input type="checkbox"/> Community Connect | <input type="checkbox"/> Connect2work | |

Section 2: Send to (insurer or SIRA)

Contact name (if known)

Organisation

Date (DD/MM/YYYY)

Email

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

Worker details continued over...

| | | |
|------------------|---------------|----------|
| 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 | Position | |
| 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. If SIRA will be making the payment and this is the first time that a claim has been lodged, please attach a signed letter on business letterhead and/or a valid tax invoice containing supplier name, address, ABN and bank details and a copy of a recent bank statement or bank letter verifying the supplier account details no more than 3 months old. Transaction details should be masked out.
- Make sure you attach invoices for each payee (or receipts for expenses where the payee is not the supplier).
- If you are a Connect2work host employer claiming the weekly incentive payment, please attach the signed host agreement.
- If you are a worker 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...

Travel expenses ((Not applicable for Recover at work assist for small business. Advance travel payments to a total value of \$300 ONLY per period may be claimed. Claims for travel expenses should be supported by a travel log which includes dates of travel, cost of fares/kilometre and destinations).

Travel period (dates)

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

Public transport

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

Private vehicle

| km per day | Number of days | Total (\$) |
|----------------|----------------|------------|
| 0.55c per km X | X | = |

Section 7: Declaration of party completing the form (this claim cannot be processed until parties sign below)

I confirm that satisfactory progress is being made in relation to the vocational program activities and that all information in this claim is true and correct.

Any equipment that has been received by the worker is in good condition.

In addition to this form, an invoice or receipt is submitted (where indicated) in support of this claim for payment.

Name

Of

Signature of party submitting application Date (DD/MM/YYYY)

Section 8: Employer declaration (if this claim is for a payment with an employer)

I declare all the information I have provided is true and correct

I declare I am authorised to act on behalf of:

Business name

I consent to disclosing my information to the insurer managing the worker's claim/SIRA in order to verify the details provided

I understand that providing false or misleading information is a criminal offence and SIRA can recover any monies paid for fraudulent claims

I have attached my business letterhead and a recent bank statement or bank letter verifying the supplier account details less than 3 months old.

I understand it is my responsibility to provide correct banking details. SIRA takes no responsibility where incorrect banking information is provided.

Position

Employer signature

Date (DD/MM/YYYY)

Section 9: Worker declaration

By submitting your application you:

agree to various checks to verify the identity and confirm eligibility of the program

consent to disclosing personal information to the insurer/SIRA in order to verify details provided

understand that SIRA may contact you to discuss the use of the program and the recovery at work outcome.

Worker 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