Vocational program – claim for payment

NSW GOVERNMENT | **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 ☐ 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

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

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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 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…

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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)

	to	
(DD/MM/YYYY)		(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 (this claim cannot be processed until both parties sign below)

☐ We 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)

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

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