

# Support4work grant for small business – application form



State Insurance  
Regulatory Authority

*Workplace Injury Management and Workers Compensation Act 1998  
Motor Accident Injuries Act 2017*

This is an application for the *Support4work grant for small business* (Support4work). Support4work helps small businesses impacted by COVID-19 to assist people with a work related or motor vehicle related injury to return to work. Prior to making an application you need consent from the injured person to submit their personal information.

The grant total is \$4,000 and will be paid in two equal payments to approved small businesses:

- **Payment 1:** \$2,000, paid following the return of the injured person to the workplace
- **Payment 2:** \$2,000, paid following confirmation with the small business and injured person, that the return to work is continuing. The review will occur five weeks after commencement.

Email application to [contact@sira.nsw.gov.au](mailto:contact@sira.nsw.gov.au)

**Note:** All fields on this form must be completed. Incomplete applications will not be able to proceed.

## Section 1: Small business details (up to 19 full time equivalent employees)

Organisation name

ABN

Industry/Business activity

Number of employees

Workers compensation insurer

Workers compensation policy number

Base tariff premium (or copy of workers compensation (Certificate of currency)

Applicant details (if not the business owner please include authorisation to act on behalf of the small business)

Role in the business

Postal address (include unit/street/property/Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Suburb

State

Postcode

Phone number

Email

## Section 2: Injured person details

Given name(s)

Surname

Current work capacity/fitness for work (as per the Certificate of Fitness/Capacity including dates, hours and restrictions)

## Section 3: Business impact of COVID-19

Details of how COVID-19 has affected your ability to provide suitable work

Timeframe

Dates

to

## Section 4: Injured person's pre-injury/accident employment details

Job title prior to injury/accident

Hours of work prior to injury

Full time

Part time

Casual

Hours if part-time/casual

Brief description of the duties prior to injury/accident (eg stacking shelves in warehouse, use of forklift etc)

Details of any conflict of interest (eg any personal or family relationship between the injured person and employer)

Brief description of suitable work if not the injured person's usual duties

Location of suitable work

Hours offered for recovery at work

Full time

Part time

Casual

Hours per week if part-time/casual

Date of injured person's return to work (DD/MM/YYYY)

## Privacy statement

SIRA is collecting personal information so that we can process the application for Support4work . SIRA may disclose personal and health information to third parties to process your application and verify the information provided in your application.

You are under no obligation to complete this form. If you do not provide the information requested then SIRA will not be able to process your application.

SIRA will take reasonable security measures to protect your personal information from loss, unauthorised access, use, modification, disclosure or other misuse. Your personal information will be held and disposed of securely at: SIRA, Level 6, 2-24 Rawson Place, Sydney, NSW 2000.

For further details about how SIRA collects and manages personal information, and how you can access and correct it, visit SIRA Privacy at: [www.sira.nsw.gov.au/privacy](http://www.sira.nsw.gov.au/privacy)

## Section 5: Declaration and authorisation

Please read this declaration carefully before writing your name below and signing.

### Small business

- I declare I am authorised to act on behalf of   
(name of small business)
- I have read the *Support4work guidance material* and meet the eligibility criteria.
- I confirm that we are able to provide suitable work to the injured person.
- I have discussed return to work with the injured person and informed them that I intend to apply for the *Support4work* grant. I have provided the *Support4work factsheet* to the injured person and they have provided their consent of their own free will.
- I have advised the injured person, SIRA will contact them to verify details and confirm they have been provided with suitable work.
- I consent to SIRA disclosing my information to third parties in order to verify the details provided in this application.
- I understand that providing false or misleading information is a criminal offence and SIRA may prosecute parties involved in submitting fraudulent claims.
- I have attached my small business letterhead which includes my business name, ABN, address, phone number, email address, bank account name, BSB account number and signature and date.
- I have attached my proof of identity documentation.
- I understand it is my responsibility to provide correct banking details. SIRA takes no responsibility where incorrect banking information is provided.

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

Name

Position

Of

Signature of party submitting application

Date (DD/MM/YYYY)

Further information may be obtained from [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au).

Phone: 13 10 50

Email: [contact@sira.nsw.gov.au](mailto:contact@sira.nsw.gov.au)

## For office use only

I,

of SIRA approve/do not approve the grant funding described above to a total of \$4000:

I certify that the small business is eligible for assistance and the application conforms to the Support4work requirements.

Signature

Date (DD/MM/YYYY)

Phone number

Commencement date (DD/MM/YYYY)

5 week contact date (DD/MM/YYYY)

10 week contact (DD/MM/YYYY)