

Training application



State Insurance
Regulatory Authority

Workers Compensation Act 1987 (s64C)

Workplace Injury Management and Workers Compensation Act 1998 (s53)

Use this form if you wish to submit a new training and/or assistance application or an extension/amendment to an existing application. You may attach supporting documents to your application if you run out of room. 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 1 manages your personal information, please make direct contact.

This application is for (please tick the appropriate box)

Education or training assistance s64C (and associated expenses)

SIRA s53 training (and associated expenses)

Combined application (s64C and s53)

Send to (insurer or SIRA)

Organisation

Contact name

Email

Date (DD/MM/YYYY)

Fax number

Number of pages

I am (please tick the appropriate box)

The worker

The insurer

Other party

Worker details

Given name(s)

Surname

Worker details continued over...

Postal address

Telephone/Mobile

Email

Date of birth (DD/MM/YYYY)

Claim number

Date of injury (DD/MM/YYYY)

Details of injury

Insurer details

Organisation

Contact person

Telephone number

Mobile number

Email

Details of party submitting application

Complete this section if you are not the worker or insurer.

Your name

Organisation

Postal address

Suburb

State

Postcode

Telephone number

Mobile number

Email

Return to work goal

Outline how the training aligns with the agreed recovery at/return to work goal in the worker's injury management plan.

Training

Outline how this proposal meets the requirements for education or training assistance and/or the SIRA training program.

Where applying for full or part-funding under the SIRA s53 training program, explain how the proposed training meets the training principles and program requirements. You may also supply additional information or documentation to support the application.

Does this application include retrospective costs?

Yes

No

If yes, please outline:

- why this proposal was not submitted before the training commenced,
- list any exceptional circumstances that support consideration of the proposal,
- what component of the total cost is retrospective, and
- whether the proposal was aligned with the worker's injury management plan at the time training commenced.

Do you need an extension/amendment? (please tick the appropriate box)

No

If yes, please outline why an amendment or extension is required.

If requesting a training extension/amendment, only complete the fields below that have changed since the last application.

Training details

If you are submitting details for more than one training course or organisation, you can add these details on a separate page and attach it to your application.

Course name

Mode of delivery (please tick the appropriate boxes)

On campus

Part time study

Organisation

Registered Training Organisation (RTO) number

Postal address

State

Postcode

Contact person (if known)

Telephone number

Mobile number

Email

Duration

Commencement date (DD/MM/YYYY)

Completion date (DD/MM/YYYY)

Number of weeks

Training costs

Expenses

Total cost (\$) of training (expenses and travel) being requested under:

| | | |
|--|-----|-----------|
| s64C | s53 | |
| Description of course costs and other expenses (please attach quotes/invoices) | | Cost (\$) |

Total

Travel expenses

Travel period (dates)

| | | |
|--------------|----|--------------|
| (DD/MM/YYYY) | to | (DD/MM/YYYY) |
|--------------|----|--------------|

Public transport

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

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

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

Third party Comprehensive

Declaration of party submitting the application

I declare this proposal conforms to eligibility criteria and requirements outlined for (please tick the appropriate box(es)):

Education or training assistance s64C

SIRA s53 training

If the application exceeds the insurer assessment limit a SIRA review is required.

proposal is supported by insurer

proposal is not supported by insurer

I declare that all course fees and associated costs are included in this application.

Name

Position

Signature

Date (DD/MM/YYYY)

Worker declaration

By submitting your application you:

- agree that various checks to verify and confirm eligibility of the program
- consent to disclosing personal information to the insurer managing the claim/SIRA in order to verify details provided
- declare all the information provided is true and correct
- understand that SIRA may contact to discuss the use of the program and the recovery at work outcome.

Workers name

Signature

Date (DD/MM/YYYY)

Submission checklist

To submit this proposal, please send the following documents:

Training application (this form)

Supporting documentation (any information used to make this application)

Injury management plan or return to work plan (integrating the proposed training objectives).

For more information contact SIRA on 13 10 50, vocprograms@sira.nsw.gov.au or visit www.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:

\$ _____
Signature _____ Date (DD/MM/YYYY) _____

Telephone number _____

