

Connect2work host agreement



State Insurance
Regulatory Authority

Workers Compensation Act 1987
Workplace Injury Management and Workers Compensation Act 1998

This agreement must be completed and signed by the trainee, host employer (host) and approved workplace rehabilitation provider (provider) prior to commencement of a Connect2work placement. A copy of the completed agreement must be retained on the trainee's file and copies provided to the trainee, host and insurer.

For information on program principles and requirements, refer to the Connect2 work program guidance material at www.sira.nsw.gov.au.

Section 1: Contact details for the placement

Should any difficulties or injury occur during the placement period, contact:

Approved workplace rehabilitation provider

Provider organisation Contact person

Telephone number Mobile number

Email

Insurer

Insurer organisation Insurer case manager

Telephone number Email

Or call the SIRA Customer Service Centre on 13 10 50.

Worker details

Given name(s) Surname

Date of birth (DD/MM/YYYY) Claim number Date of injury (DD/MM/YYYY)

Details of injury

Postal address

Suburb

State

Postcode

Telephone number

Mobile number

Email

Host employer details

Organisation

Postal address

Suburb

State

Postcode

Contact person

Telephone number

Mobile number

Email

Section 2: Recovery at work plan

Please outline the proposed strategy to support a worker's recovery at work, for example the recover at work goal. Include information regarding the job, hours and any upgrading plan.

Section 3: Duration of placement (If requesting an extension/amendment please provide dates for the new period only.)

Commencement date (DD/MM/YYYY)

Completion date (DD/MM/YYYY)

Number of weeks

Section 4: Placement terms

Before signing this agreement, both parties must read and agree to the following terms:

1. The trainee continues to receive weekly payments from the insurer during the placement.
2. The host must not make any payments to the trainee.
3. If payments are made, the placement must cease and employment arrangements negotiated instead.
4. The insurer or SIRA funds the trainee's travel fares to and from the workplace and essential equipment to perform placement duties.
5. For the duration of the placement, the trainee is not a 'worker' as defined by the *Workers Compensation Act 1987* and therefore can have no claim against the host's workers compensation insurance.
6. If the trainee experiences changes to their existing injury or a new injury during the placement period, this will be managed by the insurer as part of the existing claim.
7. SIRA may also reimburse additional expenses for other claims made on the host's insurance policies if the trainee is at fault. These policies may include:
 - public liability
 - professional indemnity
 - motor vehicle accident.

Additional expenses are limited to the premium excess or increase directly resulting from the trainee's actions.

8. Agreeing to participate in this placement does not imply employment or another contractual relationship between the trainee and the host.

Note: Liability for negligence remains the responsibility of the host employer. See the 'Insurance' section of the *Connect2work guidance material* for more details.

Host employer declaration

I, _____ (employer name)
_____, (position)
of _____ (organisation/business trading name)

understand the description of the host placement agreement provided above, and agree to:

- provide the agreed work duties in the recover at work plan
- provide supervision and training so the trainee can upgrade their capacity, develop skills and/or gain on the job experience
- maintain responsibilities under the *Work Health and Safety Act 2011*
- provide training, including instruction in the policies and procedures of this workplace, advice on any specific workplace hazards
- maintain workers compensation insurance cover, and where required motor vehicle accident, public liability, property damage and professional indemnity insurance
- allow the provider ready access to the workplace to monitor the placement
- provide feedback to the trainee and provider on the trainee's performance
- if suitable and available, provide employment to the trainee on conclusion of the placement
- contact the provider before terminating the Connect2work agreement.

Signature

Date (DD/MM/YYYY)

Trainee declaration

I, _____ (name)
understand the purpose and operation of the placement and agree to:

- follow the advice of the provider about the nature of the duties to be carried out and any work restrictions outlined in the recover at work plan
- comply with the work conditions, policies and procedures, including work health and safety procedures of the workplace, as advised by the host employer
- follow directions of the host where these do not contradict the provider's advice
- report any accidents or injury to the host and provider
- contact the provider if any problems arise and before terminating the agreement.

Signature

Date (DD/MM/YYYY)

Workplace rehabilitation provider declaration

I, _____ (person's name)
of _____ (organisation name)
confirm that the:

- trainee has relevant licences/qualifications for the agreed duties and associated travel
- host has workers compensation insurance and where required, insurance covering vehicles, public liability, property damage and professional indemnity
- insurer has approved the return to work plan that includes the period of the placement
- placement will increase the trainee's marketable skills and abilities
- workplace assessment confirmed the suitability of the placement
- host and trainee have received accurate advice about the duties to be carried out and any work restrictions, and these are detailed in the attached recover at work plan
- trainee has been advised of the terms and conditions of the placement
- placement is agreed by all relevant parties e.g. trainee, host, doctor, insurer, union and SIRA
- implementation of the placement will be managed proactively with regular phone calls and site visits to help identify and resolve any problems
- confirmation of worker attendance for the placement period to support any claims for payment. The claim for payment form (with receipts) will be forwarded to the insurer or SIRA to recover costs.

Signature

Date (DD/MM/YYYY)

Section 5: Vocational program costs

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

Expenses

Description of expenses including host incentive payments (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

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

Car insurance confirmed (Refer to the guidance material for details on insurance arrangements.)

Third party Comprehensive

Total cost (\$) of all expenses being requested (section 5 of the form)

Section 6: Supporting documentation

Attach evidence to support the Connct2work program including the recover at work plan. (Refer to the guidance material).

Number of attachments

Section 7: Declaration of conformity

I declare this Connect2work proposal conforms to the requirements outlined in the SIRA *Connect2work guidance material*.

For an extension/amendment only:

Relevant parties have been consulted regarding the proposed extension/amendment.

Insurer approval remains current for the proposed extension/amendment.

I, _____ (name)

of

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

For office use only

I, _____ of _____ (insurer/
SIRA)

approve do not approve

the funding described above to a total of:

I certify that the worker is eligible for assistance and the application conforms to the Connect2work program requirements

Signature

Date (DD/MM/YYYY)

Telephone number