

JobCover placement program – agreement form

This form is used to certify the eligibility and agreement of a worker and an employer to participate in a JobCover Placement Program. Before completing this form, parties should familiarise themselves with the *JobCover placement program guidelines* (catalogue no. WC03389) at workcover.nsw.gov.au

1. WORKER DETAILS

First name

Surname

Postal address

Suburb State Postcode

Date of birth (DD/MM/YYYY) / / Telephone number

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

Nature and location of injury (eg sprained (R) wrist)

2. CLAIM DETAILS

Pre-injury employer name

Pre-injury employer insurer

Contact person

Telephone number Fax number Mobile number

Email

3. NEW EMPLOYER DETAILS

Organisation

Postal address

Suburb State Postcode

Contact person

7. JOBCOVER PLACEMENT PROGRAM BENEFITS (to be completed by the new employer)

In accordance with the eligibility criteria in the *JobCover placement program guidelines* and following negotiation between [] (worker) [] (employer) and [] (pre-injury employer's insurer) the following benefits have been agreed upon:

Employer incentive payment (if known):

[] First 12 weeks @ \$ [] / week (specify if \$400 or the pro rata amount)

[] Next 14 weeks @ \$ [] / week (specify if \$500 or the pro rata amount)

[] Next 26 weeks @ \$ [] / week (specify if \$600 or the pro rata amount)

Premium exemption up to two years

Protection against costs of a change to the existing injury up to two years

8. AGREEMENT

By signing below the worker, employer and insurer:

- agree to the negotiated benefits as outlined in this document
- confirm the eligibility of the worker and employer
- agree that any changes to the worker and/or employer eligibility (eg worker resigning, employer ceasing trading) will be notified to the new employer's insurer and the pre-injury employer's insurer or WorkCover NSW (where relevant) within seven days of the party becoming aware of the change.

Worker's signature

Date (DD/MM/YYYY)

Employer's signature

Date (DD/MM/YYYY)

Insurer's signature

Date (DD/MM/YYYY)

To finalise this form:

1. Ensure all required parties have signed the relevant sections of this form.
2. Ensure that the worker, employer, pre-injury employer's insurer and workplace rehabilitation provider (where applicable) are given a copy of the signed form.
3. For employers who are claiming an employer incentive payment, a signed copy of this form should be attached to the employer incentive payment claim form.

Further information may be obtained from workcover.nsw.gov.au

Phone: 13 10 50

Email: contact@workcover.nsw.gov.au