

## Re-employment incentive scheme for employers (RISE) Job vacancy information and approval form

### Worker details

Name	Claim number
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### Employer details

Business name	Trading name
ABN	
Address	
Mailing address	
Contact name	Contact phone number
Contact email address	Fax number

### Work injury insurance details (please tick)

- Registered with ReturnToWorkSA: Registration number
- Self-insured
- Not required to register (under section 128 of the *Return to Work Act 2014* and regulation 50 of the *Return to Work Regulations 2015*)

### Employment detail

Worker's position title	
Main location of employment	Postcode
Commencement of paid employment date ____/____/____	
Gross wage* \$ _____ per (please tick): <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> annum	
Position description attached <input type="checkbox"/>	

\*Gross wages must exclude allowances, overtime, superannuation, leave loading, bonuses, commissions and recoverable compensation.

### Employment status (please tick)

- Permanent
- Contract (end date \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Casual

### Number of hours (please tick)

- Full time
- Part time
- Casual (hours: \_\_\_\_\_)

### Payment information

Payments can only be made to a bank, building society or credit union account held in the employer's name (and maintained by the employer) either solely or jointly with another person or organisation.

Bank name	BSB
Account number	Account name

### Declaration

I declare that to the best of my knowledge and belief, this workplace conforms to the RISE criteria and has not been subject to a SafeWork SA investigation resulting in prosecution or fine for having an unsafe workplace in the 12 months prior to this application.  
I declare that I do not have an employee in receipt of ReturnToWorkSA income support that would be suitable to fill this role.

Authorised person (please print)		
Position title	Signature	Date

## Please complete this form and send to your claims agent:

### EML

Phone: 08 8127 1100

Email: rise@eml.rtwsa.com

Postal address: GPO Box 2575, Adelaide SA 5001

### Gallagher Bassett Services Pty Ltd

Phone: 08 8177 8450

Fax: 08 8177 8451

Email: rise@gb.rtwsa.com

Postal address: GPO Box 1772, Adelaide SA 5001

### ReturnToWorkSA (EnABLE)

Email: enable@rtwsa.com

Phone: 13 18 55

Postal address: GPO Box 2668, Adelaide SA 5001

## Terms and conditions

### To be a RISE employer you must be either:

- a South Australian employer who is currently registered with ReturnToWorkSA unless you are exempted from registration under the *Return to Work Act 2014*
- a South Australian Government or Crown agency or an employer outside South Australia paying the appropriate premium to your relevant Workers Compensation Authority
- a self-insured employer.

### You may not be eligible for RISE if:

- you have an extremely poor claims record or a history of failing to maintain accepted safety standards in your workplace
- your conduct in the past is considered by ReturnToWorkSA to be inconsistent with the intent of RISE

## Frequently asked questions

### What are my responsibilities if I employ a worker through RISE?

You must:

- engage the worker in a contract of employment, as with any other new employee
- provide a safe working environment, a safe system of work and ensure that all RISE workers are familiar with local health and safety policies and procedures
- keep records of the hours worked and wages paid to the worker to ensure subsidy payments can be reconciled
- submit a RISE wage reimbursement request form to the worker's claims agent
- meet all award and industrial requirements relevant to the position
- pay the appropriate ReturnToWorkSA insurance premium payments on the worker's gross remuneration and appropriate superannuation contributions on behalf of the worker
- ensure that the worker is not required to exceed their current level of work capacity, as set by a recognised medical expert
- advise the worker's claims agent if the worker ceases to be employed by you.

### What happens after I submit this form to my claims agent?

The claims agent will review the suitability of the job and other details contained in this form against the eligibility criteria. You will be advised by the claims agent of their decision.

### As the employer, how do I seek reimbursement of the wages paid?

If your RISE application has been approved, you may seek partial reimbursement of the worker's gross wages paid in arrears using the RISE wage reimbursement request form.

### What is expected of the worker?

Your worker is expected to comply with their contract of employment and:

- attend the workplace as set out in their contract of employment
- comply with all health and safety policies and procedures
- advise their claims manager if they cease employment.

### Where can I get more information?

For further information about RISE please visit [www.rtwsa.com](http://www.rtwsa.com) or contact your claims agent.

For information about RISE wage reimbursements, please contact the worker's claims agent.

## INTERNAL USE ONLY – To be completed by claims agent

### RISE employer registration details:

Speciality: Provider - RISE Employers 9995

Speciality commencement date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment terms: \_\_\_\_ days

Date completed by claims manager: \_\_\_\_/\_\_\_\_/\_\_\_\_

Claims manager's name (BLOCK LETTERS):

Signature:

Please forward the completed form to ReturnToWorkSA by email at [prov.main@rtwsa.com](mailto:prov.main@rtwsa.com) or fax at (08) 8238 5690.