

Job Placement Services

Outcome report – employment placement fee

| Claim and referral details | | | |
|---|--|---------------------------------------|---|
| Worker name | | Claim number | |
| Claims agent | | Notional weekly earnings | |
| Case manager | | Pre injury hours | |
| JPS provider | | Employment consultant | |
| Employment placement information | | | |
| New employer details | | | |
| Business name | | Placement start date | |
| Contact person | | Position title | |
| Address | | Earnings (per week) | |
| Phone/fax | | Hours & days of employment (per week) | |
| Email | | Employment status | <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Placement start date | | Two weeks end date | |
| Summary of service and supports provided <i>Please describe</i> | | | |
| | | | |
| Evidence of placement income | | | |
| <input type="checkbox"/> Payslip <input type="checkbox"/> Employment contract <input type="checkbox"/> Employer document <input type="checkbox"/> Other <i>Please describe</i> | | | |
| | | | |

Agreed Post Placement Support *Please describe*

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Placement fee requested

JB401

JB402

Certified medical capacity at placement (per week) – as per medical certificate dated: Hours:

Hours of work per week in paid employment = per week

Provider details

| | | | |
|------------|--|---------|--|
| Consultant | | Company | |
| Phone | | Email | |
| Address | | | |
| Signature | | | |

Date of lodgement

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