Recover at Work agreement

This document outlines the agreement between [insert host name] (“the host”) and WorkCover Queensland in relation to the Recover at Work program for [insert worker’s name] (“the worker”).

1. The host will only require and permit the worker to perform the following duties:

   - [Outline what is entailed in the duties]

2. The period of the Recover at Work program will be from [insert date] to [insert date]. The Recover at Work Agreement may be terminated with immediate effect by WorkCover Queensland or [Host name] by giving written notice of this intention.

3. WorkCover will pay compensation benefits to the worker during the period specified in clause 2 and in accordance with the Act.

4. The host will provide the worker with reasonable and adequate supervision, training and equipment to perform their prescribed duties in a safe and competent manner.

5. If the worker suffers injuries while performing the duties described in clause 1, WorkCover will compensate the worker, and indemnify the host, for any compensation or damages, payable in accordance with the Act. WorkCover will pay any such compensation or damages as if the host was an “employer” and the worker was a “worker” for the purposes of the Act.

6. If the worker suffers injuries whilst performing duties that are different to those described in clause 1 or the injuries are caused or contributed to by the host’s breach of clause 4, WorkCover will not indemnify the host for any compensation or damages payable as a result of those injuries.

7. The host is not obliged to employ the worker after the Recover at Work program has ended however, if they do so, they are entitled to a “six-month claim cost exemption”.

   This means that any statutory benefits or damages payable under the Workers’ Compensation and Rehabilitation Act 2003 for an aggravation of the injury to which the worker’s claim relates that are sustained in the six months immediately after the completion of this Recover at Work program will not be included in the host’s future premium calculations.

8. The host will not disclose any information about the claim or the worker to any person unless required or authorised by law.

I agree with the above terms and conditions.

Name ____________________________________ (Host Representative)
Public Liability policy number and insurer (to be maintained for the duration of the program)
____________________________________________________________________________________

WorkCover Queensland Representative ______________________________________________
Date _______________