

VOLUNTARY WORKERS INSURANCE SUMMARY FOR PARTICIPANTS

During the period of your voluntary work placement you will be insured under a Voluntary Workers Insurance Policy underwritten by Chubb Insurance Australia Limited (ABN 23 001 642 020) is not fully comprehensive and does not compare to worker's compensation insurance.

PLEASE NOTE – This insurance covers the voluntary worker against accident or injury to themselves only – Public Liability Insurance is the responsibility of the host employer.

Age eligibility to undertake Voluntary placement is 14 – 75 years of age.

Situation of Risk: South West Region Western Australia

Policy No: 05VG010220 Valid to 30/06/2021

Period of Cover: Maximum of 10 working days per application

Coverage: Some occupations cannot be covered by the Voluntary Workers Policy these include but are not limited to any work in aircraft or aerial devices unless licensed to carry passengers, any work on nuclear worksites, military roles, and training for or participating in Professional Sport of any kind. Coverage is at the discretion of JSW Training & Community Services and the provider Chubb Insurance.

VOLUNTARY WORKERS PLACEMENT DECLARATION TO BE COMPLETED BY EMPLOYER

This agreement is between **Jobs South West Inc. trading as JSW Training & Community Services &**

Host Employer (Company Name) _____

Participant (Name) _____

Cover for the period of ____ / ____ / ____ **to** ____ / ____ / ____ **inclusive**

Occupation _____

Host Employer Representative (Print Name): _____

Email: _____ **Phone:** _____

Postal Address: _____ **City** _____ **Postcode:** _____

AGREEMENT

I understand current Public Liability Insurance Cover for this is the responsibility of the Host Employer.

Voluntary participants are not screened by JSW Training and Community Services.

Participants on voluntary placement are unemployed and looking for employment, they are available for full time work, and should be released to attend interviews If the participant or host employer terminates the voluntary work placement, JSW Training & Community Services are to be notified immediately.

A letter confirming coverage will be forwarded to the Host Employer.

Signature of host representative: _____ **Date:** _____

VOLUNTARY WORKER INSURANCE Application - APPLICANT TO COMPLETE THIS SECTION BELOW

We understand that,

- No payment will be made to the participant for the work undertaken whilst engaged in the voluntary work placement.
- JSW's role is to provide administration services for the Voluntary Workers Cover for the applicant.
- JSW is not responsible for screening job seekers to obtain Police Clearances
- While on voluntary work placement, participants are covered by the conditions laid down in the Voluntary Workers Insurance Policy underwritten by Chubb Insurance.
- The Host Employer agrees to cover the voluntary placement under the employer's Public Liability Insurance Policy for the duration of the placement.
- If the participant injures him / herself, they are to follow incident / injury procedures of the above company and report the incident to **JSW Training & Community Services** immediately.
- If the participant or host employer terminates the placement, JSW Training & Community Services are to be notified immediately.
- I, the participant, and I, the parent / guardian, have read or had explained to me the Voluntary Workers Insurance guidelines.
- **I, the participant or Guardian if participant is under 18**

<p>Have read the product disclosure for the Voluntary Workers Insurance and understand its conditions and coverage</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Participant Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Date of Birth: _____</p> <p>Telephone: _____</p>	<p>Have read the product disclosure for the Voluntary Workers Insurance and understand its conditions and coverage</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Parent / Guardian Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Telephone: _____</p> <p>(IF CLIENT IS UNDER 18 ONLY)</p>
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Please note: a \$22 administration fee is payable upon application.

A letter confirming coverage will be forwarded to the Host Employer.