



Move 2 Work Participant Agreement

Participant Details

Participant Name:	JSID:
JSA Job Seeker – Is the participant fully eligible?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
DES Job Seeker – Is the participant registered in DES?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
JSA/DES job seeker – Is the participant on Newstart Allowance, Parenting Payment or Youth Allowance and have an activity tested or participation requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Is the participant a retrenched job seeker with a current letter of redundancy	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Provider Details

Provider Name:	Site:
Contact Name:	Phone: ()

Employment Details

Vacancy ID:	Expected to start date:
Employment Type: <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (specify hours per week): ____	
Employer Name:	
Employer Contact Name:	Phone: ()
Confirmed 'offer of employment'? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will the participant need to relocate in order to commence employment? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Relocation Details

Relocation from Address: (street)	
Relocation from (suburb/town AND state):	Postcode:
Relocation to Address: (street)	
Relocation to (suburb/town AND state):	Postcode:
Relocation is more than 90 minutes from originating address (using normally acceptable travel routes)? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Relocation Assistance

Please select which relocation reimbursement limit will apply to the participant:

Relocation with NO dependants (up to \$4500) Relocation with dependants (up to \$6500)

Move 2 Work funding is flexible and can be used to assist the participant to prepare to relocate, to relocate or to support the participant to settle into their new location. The type of relocation costs that the Move 2 Work funding may be used for, include removalist costs and self-removalist costs (including insurance, care and GPS hire for relocation, petrol and fuel costs and food purchased during relocation.

The Provider can reimburse the participant for their relocation costs, or pay the participant's relocation costs on their behalf, up to the following limits:

The Provider can reimburse the participant for their relocation costs, or pay the participant's relocation costs on their behalf, up to the following limits:

- \$6,500 (GST exclusive) if relocating with dependants;
- \$4,500 (GST exclusive) if relocating with no dependants.

Dependant Details (if relocation with dependants reimbursement limit selected)

Dependant Name/s:

Dependant Details Specific Terms and Conditions

- For the purposes of the Move 2 Work initiative, a 'dependant' means a person who needs the relocating job seeker's financial or domestic support. These may include a spouse, a de facto, a child, or a person in your care with whom you have an interdependency relationship or any other relationship by agreement.

General Terms and Conditions

1. Before the Move 2 Work Participant Agreement is signed:
 - (a) the Provider must be satisfied that the participant, employment and proposed relocation meet the Participant Eligibility Requirements and Placement Eligibility Requirements set out in the Move 2 Work Guidelines; and
 - (b) the participant must present the following information to the Provider:
 - (a) a letter of offer of employment from the employer and evidence of the participant having accepted that offer of employment; and
 - (b) where relevant, identification documentation of their dependant/s; and
 - (c) a copy of the documentation referred to at 1(b) above must be attached to the Move 2 Work Participant Agreement.
2. The Move 2 Work Participant Agreement must be completed prior to the relocation and must be completed in full and signed and dated by the participant and the Provider;
3. The participant must advise Centrelink and the Provider of any changes in their circumstances while they are still receiving Department of Human Services – Centrelink (Centrelink) payments.
4. The participant must provide evidence of relocation expenses e.g. tax invoices, receipts, etc. in order to receive reimbursement.

Additional Terms and Conditions

- *[Insert any additional terms and conditions that either parties wish to include]*

Declaration by the Provider

By signing below, I declare that:

- I am duly authorised by the Provider to sign this declaration and that the information I have provided in this Move 2 Work Participant Agreement is true, correct and accurate in all material particulars;
- I have read and understood the Employment Services Deed 2012-2015 and/or the Disability Employment Services Deed and the relevant Guidelines, and agree to abide by their terms;
- I am satisfied that the participant, employment and relocation meet the Move 2 Work Participant Eligibility and Placement Eligibility requirements set out in the Move 2 Work Guidelines;
- I will provide the participant with a signed copy of this Participant Agreement;
- I have discussed with the participant the relevant terms of the Move 2 Work initiative, including the requirements for relocation assistance, and the details of any support that the Provider will provide to the participant during the relocation; and
- I have sighted a 'letter of offer' from the employer and any other information required by Item 1(b) of the General Terms and Conditions of this Move 2 Work Participant Agreement, and will retain a copy of any such information.

Signature:

Date: / /

Name:

Declaration by the Participant

By signing below, I declare that:

- the Provider has explained the relocation requirements under the Move 2 Work initiative and in this Move 2 Work Participant Agreement to me;
- I have presented to the Provider, any information required by Item 1(b) of the General Terms and Conditions of this Move 2 Work Participant Agreement; and
- the information I have provided for the purposes of this Move 2 Work Participant Agreement is true, correct and accurate in all material particulars.

By signing below, I also agree that:

- I will become a participant in the Move 2 Work initiative and will be eligible for relocation assistance for some or all of my relocation costs, as determined by the Provider, in their absolute discretion;
- I will provide sufficient documentary evidence to my Provider, when requested, to enable the Provider to claim reimbursements, or to pay a supplier on my behalf, for the relocation costs referred to above;
- I will relocate at least 90 minutes away from where I am currently residing and commence employment with the employer and in the position set out in this Move 2 Work Participant Agreement;
- I understand that I may not be able to receive Income Support payments for 12 weeks and that other penalties allowable under Social Security law may also apply, if I become unemployed by:
(a) accepting the offer of employment but not commencing in that employment; or
(b) leaving the employment voluntarily or
(c) being dismissed due to misconduct;
and have been paid relocation assistance within the six months before becoming unemployed;
- I determine that the employment, once commenced, will provide me with sufficient working hours to satisfy my activity test or participation requirements;
- I will be committed to working together with my Provider to ensure my relocation is successfully completed and to maximise the success of my employment under the Move 2 Work initiative;
- if I have indicated I will be moving with dependants, that any such person is dependent on me and will also be relocating with me;
- any difficulties I have in the relocation and/or commencing or sustaining the employment will be immediately brought to the attention of my Provider; and

- I have read, understood and agree to the collection, use and disclosure of any personal or protected information provided in this form for the purposes specified in the Privacy Notice set out below and declare that where details of a third party are included in this form, the third party has been made aware, and has provided consent, that their personal details have been disclosed on this form and the purpose of the disclosure.

Privacy and Your Personal and Protected Information

Personal information is protected by law, including the Privacy Act 1988 (Cth). The collection of protected information under the social security law is authorised by the Social Security (Administration) Act 1999.

Any personal or protected information on this form:

- (a) will be used for the purpose of assessing the Participant's eligibility for funding under the Move 2 Work Initiative; and*
- (b) may be disclosed to DEEWR and Centrelink for the purposes of :*
 - (i) administering, assessing, and monitoring the Move 2 Work initiative, including the prevention of fraud and/or the recovery of overpayments; and*
 - (ii) assessing the Participant's eligibility for payments under the social security law, and to ensure that the Participant receives the services to which they are entitled.*

The Participant should talk to their Provider, in the first instance, if they have any questions or concerns about how their personal information or protected information is being managed, or alternatively, contact DEEWR at privacy@deewr.gov.au or the Federal Privacy Commissioner, who can be contacted at www.privacy.gov.au

Signature:

Date:

Name: