

WorkHealth Assessment



WorkHealth Employee Health Assessments with the team from Health at Work

Health at Work is a leading provider of National workplace Health and Wellbeing services delivering professional, streamlined health assessments suitable to any workplace. Our highly experienced practitioners are selected with your company's specific needs and requirements in mind. We have delivered health assessments to both blue and white collar work environments for the past decade from law firms to coal terminals. Health at Work has the experience and the acumen to deliver a large array of follow up programs, educating your employees to make genuine positive health changes, in doing so making a positive impact on the productivity of your organisation.

WorkHealth Health Check Program

The 15 – 20 minute health check includes;

- Self Assessment questionnaire booklet
- Blood pressure
- Cholesterol
- Glucose
- Waist
- Type 2 Diabetes Risk Assessment
- Cardiovascular Disease risk Assessment
- Personal Results Booklet
- Information Sheets
- Consultation
- Deidentified company Report (50 or more health checks)

Objectives of the Program

The Worker Health Check program aims to provide workers with information and advice on modifiable lifestyle behaviours such as poor diet, physical inactivity, excess alcohol consumption and tobacco smoking which are the risk factors for a number of chronic diseases including cardiovascular disease and type 2 diabetes.

How to Book

To book, simply fill in the attached Application Form

You will be asked to provide your Health at Work promotional code which is **1008**

Please then fill in and fax to **03 9641 1952**

Or mail to;

WorkHealth
WorkSafe Victoria GPO Box 4306
Melbourne

Queries with your application

If you have any queries with your application, please don't hesitate to contact Health at Work as we are committed to maximizing your funding opportunity and ensuring this is an effortless process for you.

Email: Nicolette@healthatwork.net.au

Phone: 9639 5039

Please also refer to the WorkHealth website

www.workhealth.vic.gov.au

WorkHealth Assessment

Why choose Health at Work for your WorkHealth program?

1. Free for companies with a payroll less than \$10 million.
2. Appointment Booking System – either online or manual booking systems available. Includes email confirmation.
3. Compatibility – Delivery of health assessments suitable to your workplace We ensure all our practitioners are selected with companies specific needs and requirements. We have delivered health assessments to both blue and white collar work environments for the past decade from law firms to coal terminals.
4. Marketing – Extensive range of support and promotional material to maximise program participation
5. Educational Programs – Health at Work has an extensive menu of services that can be facilitated in any workplace, as either preventive or post the health assessments. These programs are specifically targeted to meet the strategic needs of reducing the modifiable risk factors.
6. Free – All companies will receive free of charge the Health at Work Quarterly newsletters. This educational and informative seasonal newsletter can be handed out to all employees.
7. Impeccably managed health assessment program from start to finish
8. Health Promotion Grant – Health at Work will assist companies with their application for a Health Promotion Grant if they have already conducted worker health checks in the past two years.

Health at Work target the health risks of your organization through a number of various health and wellbeing programs including;

- Biggest Improver Wellness Challenge Competition
- Health Expos
- Optimum Health Seminars
- Step Challenge
- Flu Vaccinations
- Ergonomics
- Many more

Is Your Company Eligible?

Employers (including for-profit, not-for-profit organisations, Victorian and Local Government agencies) are eligible to apply to with WorkSafe for the delivery of health checks at their workplace if they:

- a. pay a premium under a WorkSafe Injury Insurance policy, or
- b. are approved by WorkSafe as a self insurer, or
- c. are registered in a jurisdiction other than Victoria, but have a WorkSafe Injury Insurance policy (eligible on behalf of workers in their Victorian operations only).

Employers are **not eligible to register for the delivery of health checks if they are:**

- a. unable to take out a WorkSafe Injury insurance policy;
- b. a government agency or business entity which is registered with Comcare; or
- c. an employer, government agency or business entity operating wholly outside of the state of Victoria.

Workplace Health Promotion Grant

Workplace health promotion grants are one-off funding opportunities for employers to expand existing workplace activities and Health at Work are able to assist in the development of strategic wellness solutions. The Workplace grants are available to employers who have already offered health checks to the majority of workers in the last two years.

The WorkHealth program will fund workplace health promotion activities that:

- address the risk of chronic disease including cardiovascular disease and type 2 diabetes
- encourage healthy behaviours and improve the health and wellbeing of workers
- create a supportive work environment that makes healthy choices easy for workers and encourages them to maintain healthy behaviours in the future.

Please refer to www.workhealth.vic.gov.au for the guidelines





APPLICATION FORM - WORKER HEALTH CHECKS

July 2009

All fields are mandatory

Things you need to do before lodging this form:

- Read the Worker Health Check guidelines available on workhealth.vic.gov.au.
- Make sure that all information provided is accurate.
- Read the terms and conditions provided in the Funding Agreement.
- Complete the Declaration section of the Application Form.

How will the information collected be used?

Information collected will be used for processing and administering Worker Health Checks. It may also be used for evaluating the Worker Health Check program.

WorkSafe Victoria (WorkSafe) may disclose information collected on this form to its contractors and agents and any person or organisation authorised by you, or by law, to obtain it.

Applicants should note that all information submitted to WorkSafe may be the subject of a request under the *Freedom of Information Act 1982 (Vic)*. WorkSafe will consult with an employer if a request relates to that organisation's commercial information.

For help filling out this form

If you need help filling out this form, contact WorkSafe on 1800 136 089.

How to submit this form

Mail: WorkHealth
WorkSafe Victoria
GPO Box 4306
Melbourne VIC 3001

Facsimile: (03) 9641 1952

Section 1 – Contact Information

Part A: Employer Details

Legal Name of Employer

Business / Trading Name

Main Street Address

Town / Suburb

Postcode

State

Postal Address (if different from above)

Town / Suburb

Postcode

State

Type of Organisation

Company (registered under Corporations Act)

Partnership

Trustee

Other (please specify)

Annual Rateable Remuneration for the organisation (Australia wide):

Total Number of Workers (including part time and contract workers, trainees and apprentices) in Victoria:

This will assist us to determine the maximum funding available to your organisation.

Australian Business Number (ABN)

Are you registered for GST?

Yes

No

WorkSafe Injury Insurance Number (Employer number) *You must provide either your WorkSafe Injury Insurance Number or indicate that you manage your workers compensation claims as a self insurer.*

OR Self Insured Organisation

Part B: Employer Contact Details

Applicant Representative *This is the individual with authority to apply. All correspondence will be addressed to this person.*

Title

First Name

Last Name

Position Title

Telephone

Mobile

Fax

Email

Does your organisation agree to be contacted by WorkHealth or an agent of WorkHealth to participate in future evaluations (estimated at no more than 20 minutes)?

Yes

No

Section 1 – Contact Information (cont.)

Part C: Employer Payment Details

This information is required in order for WorkSafe to reimburse you for all or part of the costs incurred in obtaining worker health checks.

Do you wish WorkSafe to reimburse your organisation by electronic funds transfer (EFT)?

YES - please advise of your banking details below.

NO - WorkSafe will forward a cheque reimbursement to your organisation.

Bank Name

Bank Account Name (Payee Name)

Branch Number / Banks BSB

Bank Account Number (Payee Account Number)

Section 2 – Nominated Worksites

Please provide details of all the worksites that will receive worker health checks. If the worker health checks are across multiple locations, please complete and attach the WorkHealth Location Template. This template can be found at the WorkHealth website: workhealth.vic.gov.au.

Worksite - Address

Town/Suburb

Postcode

Local Government Area

Total Number of Workers (including part time and contract workers, trainees and apprentices) at this Worksite

Expected Number of Participating Workers at this Worksite

Section 3 – Preferred Endorsed Service Provider

You will be contacted by either a suitable endorsed service provider, or a WorkSafe representative who will assist with the selection of an endorsed service provider.

Alternatively, if your organisation has been contacted by a prospective endorsed service provider and you wish to nominate them please enter their promotional code:

Health at Work – Promotional Code 1008

If you have any questions please call 1800 136 089.

Declaration

In submitting this application, all signatories to this application 1) accept the terms and conditions of the Funding Agreement for the Worker Health Check program and 2) declare that the information contained in the application, including all attachments, is to the best of their knowledge true, accurate and complete.

Signature (Your signature confirms that you have accepted the above declaration.)

Print Name

Position Title

Date

(To be completed by the Applicant Representative)

Supporting Documents

Please provide details of any documents attached to the application.

WorkHealth Location Template (only if required – refer to Section 2 of this form).

OFFICE USE ONLY

Application Identification Number

Administration Officer Name

Date Received

Date Processed

Acquittal Date