



Australian Government

Comcare

Safety, Rehabilitation and Compensation Act 1988
Section 34S

**APPROVAL OF FORM OF APPLICATION FOR INITIAL
APPROVAL AS A REHABILITATION PROGRAM PROVIDER
(WORKPLACE REHABILITATION PROVIDER)**

Comcare, pursuant to section 34S of the *Safety, Rehabilitation and Compensation Act 1988* (the SRC Act), with effect on and from 1 January 2010 and for the purposes of paragraph 34C(1)(a) of the SRC Act (approved form for application for initial approval as a rehabilitation program provider):

1. revokes the instrument dated 29 September 2006 registered as instrument F2006L03292 on the Federal Register of Legislative Instruments; and
2. approves the attached form (application for initial approval as a rehabilitation program provider).

Dated: 30 October 2009

The seal of Comcare was affixed
in the presence of:

Paul O'Connor
Chief Executive Officer

Attachment: Form for application for initial approval as a rehabilitation program provider (workplace rehabilitation provider) - 29 pages.



Australian Government

Comcare

Safety, Rehabilitation and Compensation Act 1988
Sections 34C and 34S

**APPLICATION FORM FOR INITIAL
APPROVAL AS A REHABILITATION
PROGRAM PROVIDER
(WORKPLACE REHABILITATION PROVIDER)**

This application form has been approved under section 34S of the *Safety, Rehabilitation and Compensation Act 1988* for the purposes of section 34C of that Act. It is to be completed by applicants seeking approval to become a rehabilitation program provider (workplace rehabilitation provider) under that Act.

Section 1

INFORMATION ON THE COMCARE INITIAL APPLICATION PROCESS

1. Applicants may apply to Comcare for approval as a rehabilitation program provider (workplace rehabilitation provider). The application must be in writing in this approved form and be accompanied by the prescribed fee (the fee is non refundable).
2. Applicants are assessed against Comcare's prescribed Criteria for initial approval or renewal of approval as a rehabilitation program provider (workplace rehabilitation provider) and the Operational standards for rehabilitation program providers (workplace rehabilitation providers). These criteria and standards are designed to ensure that providers under the SRC Act scheme provide high quality services and can successfully manage return to work outcomes for the scheme.
3. Comcare has incorporated key elements of the heads of Workers' Compensation Authorities (HWCA) endorsed nationally consistent approval process, namely the Principles of Workplace Rehabilitation and the national Conditions of Approval into its Criteria for initial approval and the Operational Standards. This is in preparation for Comcare's implementation of the national approval framework and the next three year provider approval period which commences 1 July 2010.
4. Providers already approved in other Workers' Compensation jurisdictions under the nationally consistent approval framework will need to provide evidence of a current instrument of approval from that Workers' Compensation Authority.
5. During the application process, Comcare will consult with the applicant and may at any time request further information, and may seek to consult with the other Workers' Compensation Authorities in which the provider is currently approved or is seeking approval.
6. Comcare will approve the applicant under section 34F of the SRC Act where Comcare is satisfied that the applicant meets the criteria and is likely to be able to comply with the operational standards. Comcare will inform the applicant in writing of its decision.
7. Where all relevant information is provided with the application Comcare will endeavour to make a decision on approval within 8 weeks from receipt of the application. However applicants should note that the SRC Act provides a maximum period of six months from date of receipt for Comcare to process the application.
8. Successful applicants will be approved until 30 June of the 3 year prescribed approval period (30 June 2013). The approved provider will need to make an application for renewal of approval to continue to provide services under the SRC Act beyond this date.

The provider application

9. This prescribed Comcare initial application form contains:

Section 1 Information on the Comcare initial application process

Section 2 The HWCA endorsed application form- '*Application for approval as a workplace rehabilitation provider*' with additions- Appendix 4 & 5 (applicable to Comcare approval only)

Section 2 includes:

- Information to complete the HWCA endorsed 'national' application form and application requirements including:

Part A Applicant details (*Please ensure this is relevant to your Comcare approval, including Comcare approval numbers*)

Part B Conforming to the conditions of approval including the Principles of Workplace Rehabilitation

Appendix 1 Staff details (*Please include Comcare scheme staff only*)

Appendix 2 Statement of Commitment to conditions of approval (*for signing*)

Appendix 3 Statement of Commitment to the Code of Conduct for workplace rehabilitation providers (*for signing*).

- Comcare additional requirements:

Appendix 4 Meeting the Comcare Approval Criteria & Ability to meet the Comcare Operational Standards

Appendix 5 The Comcare agreement and authorisation (*for signing*).

Lodgement of the application form

10. All sections of the application form must be completed and submitted to Comcare along with all supporting documentation.

11. The application must be accompanied by the prescribed fee.

12. If you wish to make an application to become an approved rehabilitation provider, complete the enclosed forms, include the processing fee, and submit the application to:

*The Director
SRC Policy Section
GPO Box 9905
Canberra City ACT 2601
Email: rehab.approval@comcare.gov.au
Phone enquires: 1300 366 979*

In this application:

‘applicant’ includes:

- (a) a sole trader
- (b) a partnership, or
- (c) a company.

‘approval criteria’ means the Criteria for the Initial Approval or Renewal of Approval as a Rehabilitation Program Provider (Workplace Rehabilitation Provider) from time to time in force under section 34D of the SRC Act.

‘Code of Conduct’ means the HWCA endorsed Code of Conduct for Workplace Rehabilitation Providers as at 23 October 2009.

‘employer’ means the Entity, Commonwealth authority or licensed corporation employing the employee.

Note: The expressions Entity, Commonwealth Authority and licensed corporation are defined by subsection 4(1) of the SRC Act

‘Guide’ means the HWCA document “*Guide: Nationally Consistent Approval Framework for Workplace Rehabilitation Providers*” published on the HWCA website www.hwca.org.au.

‘HWCA’ means the Heads of Workers’ Compensation Authorities.

‘national Conditions of approval’ means the HWCA endorsed National Conditions of Approval as at 23 October 2009

‘prescribed fee’ means the fee prescribed by the *Safety, Rehabilitation and Compensation Regulations 2002*

‘principal’ has the same meaning as that term is defined in section 34 of the *SRC Act*, namely:

- (a) if the applicant is a partnership—any of the partners, and
- (b) if the applicant is a company—any of the directors of the company and, if the person responsible for the day to day running of the company is not a director, also that person.

‘provider’ means a person (including a partnership or company) that is approved as a rehabilitation program provider (workplace rehabilitation provider) under the SRC Act, and includes any principal of the provider.

‘Principles of Workplace rehabilitation’ means the HWCA endorsed Principles of Workplace Rehabilitation as at 23 October 2009.

‘rehabilitation program provider’ and ‘workplace rehabilitation provider’ have the same meaning.

‘the SRC Act’ means the *Safety, Rehabilitation and Compensation Act 1988*.

Notes:

1. Authentic copies of the Code of Conduct, the national Conditions of approval and the Principles of Workplace rehabilitation as at 23 October 2009 are published on the Comcare website at www.comcare.gov.au.
2. Authentic copies of the Approval Criteria and the Operational Standards are available on the Federal Register of Legislative Instruments as www.comlaw.gov.au and the Comcare website at www.comcare.gov.au. The Approval Criteria and the Operational Standards are disallowable legislative instruments within the meaning of the *Legislative Instruments Act 2003*.

Section 2

HWCA endorsed:

Application for Approval as a Workplace Rehabilitation Provider

This application will be completed by organisations wishing to apply for an *Instrument of Approval* as a workplace rehabilitation provider.

This application should be read in conjunction with the document *Guide: Nationally Consistent Approval Framework for Workplace Rehabilitation Providers*”.

Section 2

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Section 2

Introduction

The Heads of Workers' Compensation Authorities (HWCA) endorsed a nationally consistent framework for the approval of workplace rehabilitation providers in June 2008. The details of the approval framework are contained in the HWCA document "*Guide: Nationally Consistent Approval Framework for Workplace Rehabilitation Providers*".

Organisations should ensure they fully understand the framework contained in the Guide prior to making an application to become a workplace rehabilitation provider.

If the application is successful, an *Instrument of Approval* as a workplace rehabilitation provider will be issued for a 3-year period, until 30th June of the third year.

Information to Complete the Application

1. A completed application must be submitted using this application template to the workers' compensation authority in the jurisdiction where approval is sought and be accompanied by the prescribed fee, where appropriate.
2. Applicants should refer to the appropriate website of the workers' compensation authority to confirm the email and/or address details where the application must be lodged and what application fee may apply.
3. Applicants should ensure their application contains sufficient information and is accompanied by the necessary supporting documentation to demonstrate their capacity to meet the Conditions of Approval (see the Guide, section 6 – Conditions of Approval).
4. The workers' compensation authority will approve an application where it is satisfied that the applicant conforms to the Conditions of Approval. The workers' compensation authority will inform the applicant of its decision by issuing an *Instrument of Approval* for a 3-year period.
5. An *Instrument of Approval* is issued for a maximum period of 3 years, until 30 June of the third year. In order to continue to provide services beyond this date a workplace rehabilitation provider will be required to make a renewal application within the third year as prescribed by the workers' compensation authority where renewal of approval is sought.
6. During the 3-year approval period, the workplace rehabilitation provider will participate in annual self-evaluations and any independent evaluation as required by the worker's compensation authority to determine conformance with the Conditions of Approval.
7. Should an application not conform to all the Conditions of Approval, the applicant will be given an opportunity to provide further information. Subsequent to this, if the applicant still does not conform to all the Conditions of Approval then the application is considered to be unsuccessful. In this instance, 50% of the application fee may be refunded.
8. If an application is unsuccessful, the applicant will be advised of the reasons and the appeals process relevant to the workers' compensation authority.
9. An organisation that has been unsuccessful in their application will not be eligible to apply for approval until they can demonstrate to the workers' compensation authority's satisfaction that the reasons for non-approval no longer exist.
10. The provision of false or misleading information is a serious offence and will nullify the application.

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Application Requirements

The application includes the following requirements that must be completed to demonstrate how an organisation will conform to the Conditions of Approval.

1. Applicant details including:
 - a. Business ownership details including association or connection with other organisations supplying services within the workers' compensation industry.
 - b. Current details of their model of workplace rehabilitation service delivery.
 - c. Documentation demonstrating how the applicant meets the Conditions of Approval.
2. A signed Statement of Commitment to the Conditions of Approval (Section 2.4, page - 22 -).
3. A signed Statement of Commitment to the Code of Conduct for Workplace Rehabilitation Providers (Appendix 2.5, page - 24 -).
4. Current staff details completed for each location where workplace rehabilitation services may be delivered in the event that the application is approved (one sheet per location).
5. The prescribed fee, where appropriate.
6. Any other documentation requested by the workers' compensation authority as part of considering the application.

While considering an application, the workers' compensation authority may at any time request further information in writing from the organisation and may liaise with other workers' compensation authorities where the provider delivers workplace rehabilitation services to exchange information about the application.

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Part A – Applicant Details

Name of the workers' compensation authority where this application is being submitted to:

1. Business Name	
2. ABN and origin	<i>Attach copy of the ABN record from the Australian Business Registry.</i>
3. Organisation	<i>Indicate the nature of your organisation (i.e. company, partnership, sole trader, individual subsidiary of a Government body)</i> <i>Full name of your organisation including trading name</i> <i>ACN</i> <i>Name and address of any parent organisation, if applicable.</i> <i>Name and position of person/s authorised to sign this application on behalf of the organisation.</i>
4. Addresses	<i>Organisation Address</i> <i>Postal Address</i>
5. Phone Number	
6. Fax	
7. Email	
8. Contact person for this application	<i>Name</i> <i>Title</i> <i>Phone</i> <i>Email</i>

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<p>9. Name of person/s who meet the organisational management structure requirements as outlined in Section 2.2, Principle Two: Organisational & administrative arrangements in particular sub-principle 2.5 of this form.</p>	<p><i>Name/s</i></p> <p><i>Titles</i></p> <p><i>Qualifications and workplace rehabilitation experience of the person/s meeting this requirement</i></p> <p><i>Phone</i></p> <p><i>Email</i></p>
<p>10. Other workers compensation authorities where approval has been granted.</p>	<p><i>List the jurisdictions in which the applicant has a current Instrument of Approval.</i></p>
<p>11. Referees</p>	<p><i>Provide the contact details of two referees who can attest to your organisation's suitability as a workplace rehabilitation provider organisation including statements as to the professional integrity, honesty and due diligence of your organisation's owner/s and/or management.</i></p>
<p>12. Previous Applications</p>	<p><i>Has your organisation, any of its owner/s and/or management and/or any persons employed or engaged to deliver workplace rehabilitation services by your organisation been refused approval as a provider of rehabilitation services or had approval been withdrawn as a provider of rehabilitation services in any Australian workers' compensation jurisdictions?</i></p> <p style="text-align: center;"><i>Yes / No</i></p> <p><i>If so, provide details of the circumstances and reasons why there is no cause to reject your organisation's application. These details should state whether the refused approval was associated with:</i></p> <ol style="list-style-type: none"> <i>a. Your organisation, or</i> <i>b. Any of its owner/s, or</i> <i>c. Any of its management, or</i> <i>d. Any of its employees including contractors and staff.</i>

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13. Conflict of Interest	<i>Detail all your organisation's business affiliations with other suppliers of services within any of the workers' compensation authorities and how you will manage any actual or perceived conflict of interest.</i>
14. Professional misconduct or criminal proceedings	<i>Outline if any proceedings have been taken (or are pending) against any of the following, in relation to professional misconduct or criminal proceedings, breaches of the privacy act or financial administration acts. If so, provide details of the circumstances and reasons why there is no cause to reject your organisation's application. These details should state whether the circumstances and reasons was associated with:</i> <ul style="list-style-type: none"><i>a. Your organisation, or</i><i>b. Any of its owner/s, or</i><i>c. Any of its management, or</i><i>d. Any of its employees including contractors and staff.</i>
15. Insurance Documents as outlined in Section 2.2, Principle Two: Organisational & administrative arrangements in particular sub-principle 2.1 of this form.	<i>In the context of workplace rehabilitation service provision, please attach copies of your organisation's:</i> <ul style="list-style-type: none"><i>1. Professional Indemnity Certificate of Currency</i><i>2. Public Liability Certificate of Currency</i><i>3. Workers Compensation Certificate of Currency</i>

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Part B – Conforming to the Conditions of Approval

An application must demonstrate how the applicant will conform to the Conditions of Approval.

1. Principles of Workplace Rehabilitation

Principle One: Service provision

1.1 A focus on return to work

- a. Expectations that a return to work goal and the services required are established with relevant parties at the commencement and throughout service provision (relevant parties include worker, employer, insurer, other service providers).
- b. Appropriate services are identified and delivered to maximise return to work.
- c. Services focus initially on return to work in the worker's pre-injury employment or, if that is not possible, with another employer.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators. For example consider what would you say to an injured worker or an employer about what this means and what will occur.

1.2 The right services provided at the right time

- a. Workers receive prompt attention and intervention appropriate to their needs.
- b. Barriers, risks and strengths are identified and strategies promptly implemented.
- c. Services are actively coordinated and integrated with other injury management and return to work activities.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators. For example consider what would you say to an injured worker or an employer about what this means and what will occur.

1.3 Effective service provision at an appropriate cost

- a. Needs of the worker and employer are identified by means of adequate and appropriate assessment.
- b. Service levels match the worker and employer needs.
- c. Service costs match the range and extent of service provision.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators. For example consider what would you say to an injured worker or an employer about what this means and what will occur.

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1.4 Effective communication with all the relevant parties

- a. Respectful, open and effective working relationships established and maintained with and between workers and employers and other relevant parties.
- b. The provider acts as the link between treatment providers and the workplace to translate functional gains into meaningful work activity.
- c. Progress towards the return to work goal is communicated to interested parties throughout service provision.
- d. Durability of employment is confirmed 13 weeks after placement.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators. For example consider what would you say to an injured worker or an employer about what this means and what will occur.

1.5 Evidence based decisions

- a. Assessments demonstrate need for service.
- b. The type of service selected is the most appropriate and cost effective of those available to achieve the return to work goal.
- c. An equitable and consistently applied approach to recommending commencement and cessation of service delivery.
- d. Consideration given to workplace industrial relations and human resource matters that may affect the worker's return to work.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators. For example consider what would you say to an injured worker or an employer about what this means and what will occur.

Principle Two: Organisational & Administrative arrangements

2.1 Comprehensive and robust corporate governance infrastructure

- a. Systems of probity that avoid conflict of interest as well as prevent, manage and report malpractice/fraud.
- b. Appropriate financial administration including accurate accounting.
- c. Maintenance of appropriate and adequate insurances, including professional indemnity, public liability and workers' compensation.
- d. Data collection, analysis and reporting of provider performance including return to work and durable return to work rates.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

2.2 A records management system meeting State and Commonwealth legislation requirements

- a. Comprehensive, accurate and accessible records pertaining to all clients, staff and business operations.
- b. Security of storage of records in accordance with legislative requirements.

Provide a succinct statement on how you will apply this principle and its indicators.

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2.3 Privacy and confidentiality practices meeting relevant privacy legislation requirements

- a. Systems that incorporate privacy and confidentiality requirements within all aspects of the organisational and administrative arrangements.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

2.4 Safe work practices as well as return to work and injury management policies

- b. Systems that comply with relevant injury management and workers compensation legislation.
- c. Systems that comply with local workplace health and safety legislation.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

2.5 Organisational management structure requirements

- a. At least one person in the management structure with a qualification recognised as being sufficient to satisfy the requirements of a Workplace Rehabilitation Consultant and who is able to demonstrate at least five year's relevant workplace rehabilitation experience (also refer to 4.1.a. Minimum Workplace Rehabilitation Consultant qualifications).

Provide a certified copy of the qualifications and experience of the personnel who meet and will continue to meet this condition.

Principle Three: Quality Assurance & Continuous Improvement

3.1 Quality Model

- a. Quality systems that ensure customer focused service delivery, and collect, analyse and monitor qualitative and quantitative data to identify areas of strength and opportunities for systems and service improvement.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

3.2 Quality Assurance

- a. Implementation of appropriate review mechanisms (e.g. annual self evaluations and internal peer reviews) to assure conformance with the Conditions of Approval.
- b. Implementation and documentation of corrective and preventative actions and monitoring and review of their effectiveness.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

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3.3 Customer focus

- a. System to collect, review, analyse and action solicited and unsolicited feedback from customers.
- b. Implementation of an effective complaints management system.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

3.4 Continuous improvement.

- a. Systems for analysing information and data to identify opportunities for improvement.
- b. Planning, piloting, refining and implementing improvement strategies.
- c. Monitoring and review the effectiveness of any improvement strategies.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

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Principle Four: Staff Management

4.1 Qualifications, knowledge and experience

- a. Systems for ensuring that Workplace Rehabilitation Consultants have the minimum qualifications (as outlined below) and the qualifications are verified.

Workplace Rehabilitation Consultants will have a qualification recognised, accredited or registered by one of the following associations or state registration boards:

- Australian Society of Rehabilitation Counsellors
- Rehabilitation Counselling Association of Australia
- Australian Association of Occupational Therapists (registered in QLD, SA, NT and WA)
- Physiotherapist Registration Board (registered)
- Australian Association of Exercise and Sports Science (accredited as Exercise Physiologists)
- Psychologists Registration Board (registered)
- Speech Pathology Australia
- Australian Association of Social Workers
- Medical Board (registered)
- Nurses Registration Board (registered)

AND 12 months or more experience delivering workplace rehabilitation services.

Where Workplace Rehabilitation Consultants have less than 12 months' experience delivering workplace rehabilitation services, a comprehensive induction program will be completed and professional supervision provided for at least 12 months.

Note: Some workplace rehabilitation services can only be delivered by designated professional groups. The minimum qualifications to deliver these services are included in the description of the workplace rehabilitation services as specified by each jurisdiction.

- b. Workplace Rehabilitation Consultants have the appropriate skills, knowledge, and experience to deliver workplace rehabilitation services.
- c. Workplace Rehabilitation Consultants have knowledge of injury management principles and workers compensation legislation, policy and procedure.
- d. All staff interacting with injured workers and workplaces have current checks and clearances where appropriate (police, security, OHS and child protection).

Your organisation must provide a completed Staff Details sheet - for each location being proposed as part of this application (see Appendix 1 - Staff details, page - 19 -).

Provide a succinct statement on what this means to your organisation and how you will apply this principle with particular reference made to indicators b. c. and d.

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4.2 Induction, ongoing learning and development

- a. A robust induction and continuous learning and development program to support the acquisition and maintenance of staff skills and knowledge.
- b. Staff have access to and understand all current policies and procedures relevant to their work.
- c. Staff having appropriate supervision and support and participate in internal peer review processes.
- d. Staff members are compliant with the professional code of conduct relevant to their particular qualification.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

4.3 Adequate staff resourcing

- a. Caseload management systems that efficiently allocate cases to staff with the experience and skill level to match the worker's injury, needs and potential case complexity.
- b. Handover practices where cases are reviewed and all relevant parties informed to maintain continuity of care for the worker.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

2. Provider Annual Self-evaluations & Independent evaluations

To demonstrate ongoing conformance with the Conditions of Approval, an organisation must participate in annual self-evaluations and any independent evaluations as required by the workers' compensation authority.

Outline the annual self-evaluation procedures and processes that will be implemented in the context of your organisation's quality assurance model. Confirm your organisation's agreement to conduct annual self-evaluations.

Please outline how the organisation will ensure that the person(s) who will conduct the provider annual self-evaluations on behalf of the organisation, meet the requirements of an independent evaluator including their qualifications. Please confirm what steps will be taken to ensure they will not personally be responsible for the aspects of the business that they evaluate. Confirm your organisation's agreement to participate in independent evaluations as required by the workers' compensation authority.

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3. Cases of Workplace Rehabilitation activity

An organisation must demonstrate management of 12 cases of activity consistent with the model of workplace rehabilitation within any workers' compensation jurisdiction. (Due consideration will be given to organisations servicing rural and remote areas).

Outline how your organisation will meet this condition.

If your organisation is currently approved as a provider of workplace rehabilitation services for a workers' compensation authority, please attach current case data to illustrate conformance with this requirement at this time.

4. Minimum RTW rate

The workplace rehabilitation provider must maintain the minimum return to work rate as set by the workers' compensation authority.

Outline how your organisation will meet and maintain the minimum return to work rate.

If your organisation is currently approved as a provider of workplace rehabilitation services for a workers' compensation authority, please attach current performance data to illustrate what return to work rates are being achieved at this time.

5. Safe environment

The workplace rehabilitation provider's facilities at all locations where services are intended to be provided must provide an accessible and appropriate environment for workers, staff and visitors and comply with local workplace health and safety legislation.

List each location/site.

For each location/site describe how the facilities are accessible and appropriate for all workers, staff and visitors. In your response detail:

- *the intended hours of operation (for example, business hours & 5 days per week excluding public holidays),*
- *the availability of public transport and/or car parking within or near each location, and*
- *what types of alternatives to stairs are available for workers with mobility impairments.*

For each location/site describe how the facilities comply with local workplace health and safety legislation.

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Appendix 1 - Staff details

Staff details sheet completed for each location in the jurisdiction where the application is submitted and where workplace rehabilitation services may be delivered.

ORGANISATION: _____

ADDRESS*: _____

SITE OR PROVIDER APPROVAL NUMBER, IF APPLICABLE: _____ **DETAILS AS AT DATE:** _____

Name and position title	Qualifications include: qualification, institution, year of concurrence e.g. B.App Sci. OT Syd Uni – 1991	Years of Workplace Rehabilitation Experience	Basis of Employment (e.g. fee-for-service, part time or full-time)	Professional Membership or registration (Type and membership number)	Supervision arrangements for staff with less than 12 months experience.

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*** Duplicate this page and table for each location in the jurisdiction where the application is submitted. Add more rows to this table if needed to list all staff members.**

Section 2

ORGANISATION: _____

ADDRESS*: _____

SITE OR PROVIDER APPROVAL NUMBER, IF APPLICABLE: _____

DETAILS AS AT DATE: _____

Name and position title	Qualifications include: qualification, institution, year of concurrence e.g. B.App Sci. OT Syd Uni – 1991	Years of Workplace Rehabilitation Experience	Basis of Employment (e.g. fee-for-service, part time or full-time)	Professional Membership or registration (Type and membership number)	Supervision arrangements for staff with less than 12 months experience.

*** Duplicate this page and table for each location in the jurisdiction where the application is submitted. Add more rows to this table if needed to list all staff members.**

Section 2

Appendix 2 - Statement of Commitment to the Conditions of Approval

A reference to the workers' compensation authority is a reference to the workers' compensation authority who issued the Instrument of Approval.

The Conditions of Approval are:

1. The workplace rehabilitation provider must comply with the Principles of Workplace Rehabilitation.
2. The workplace rehabilitation provider must ensure that all services are delivered in accordance with the workplace rehabilitation model by persons who hold the minimum qualifications as defined in the Principles of Workplace Rehabilitation and in accordance with service descriptions appropriate to the workers' compensation authority where the approval is being sought.
3. The workplace rehabilitation provider's management structure must include at least one person who holds a rehabilitation consultant qualification outlined in the Principles of Workplace Rehabilitation and who is able to demonstrate 5 years' relevant workplace rehabilitation experience.
4. The workplace rehabilitation provider must participate in annual self-evaluations and in independent evaluations as required by the workers' compensation authority to demonstrate conformance with the Conditions of Approval.
5. The workplace rehabilitation provider must demonstrate management of 12 cases of workplace rehabilitation within any workers' compensation jurisdiction for each 12 month period within the 3 year approval period. (Due consideration will be given to providers servicing rural and remote areas).
6. The workplace rehabilitation provider must maintain the minimum return to work rate as set by the workers' compensation authority.
7. The workplace rehabilitation provider must provide data to the workers' compensation authority consistent with the Conditions of Approval.
8. The workplace rehabilitation provider must deliver services in compliance to the Code of Conduct for Workplace Rehabilitation Providers.
9. The workplace rehabilitation provider's facilities at all locations where services are delivered must provide an accessible and appropriate environment for workers, staff and visitors and comply with local workplace health and safety legislation.
10. The workplace rehabilitation provider must remain financially solvent.
11. The workplace rehabilitation provider must notify the workers' compensation authority in advance, or as soon as practical, if any of the following situations arise and accept that the workers' compensation authority will review the status of approval and determine whether the proposed arrangements conform with the Conditions of Approval:
 - i. the business is sold or the controlling interest in the business is taken over by a new shareholder(s), owner(s) or director(s).
 - ii. the business changes its trading name or location of premises.
 - iii. the business supplies or has connections with other suppliers of services within the workers' compensation industry.
 - iv. a new chief executive officer or director or head of management is appointed.
 - v. there is a major change in the service delivery model and/or staff which may impact on the delivery of workplace rehabilitation services.
 - vi. there is any other change that affects, or may affect, the provider's service quality and procedures.
 - vii. the provider has entered into voluntary financial administration, becomes insolvent or is the subject of bankruptcy proceedings.

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- viii. there is any professional misconduct proceedings being taken against the provider or any individuals employed or engaged by the provider.

12. The workplace rehabilitation provider must accept that the workers' compensation authority may:

- i. initiate an independent evaluation at any time during the period of the approval which may involve an evaluation of conformance to the Conditions of Approval, and/or
- ii. consult with the relevant professional or industry associations in determining what are reasonable expectations regarding performance, and/or
- iii. impose additional requirements, and/or
- iv. exchange information with other workers' compensation authorities on provider performance, and/or
- v. cancel approval status if the above conditions are not met.

I/We have read, understand and accept that I/we must meet and continue to conform to the Conditions of Approval and give consent for sharing of information in relation to this application and the ongoing approval.

I/We understand and are aware that any breach with the terms and conditions of the Conditions of Approval may nullify any application or *Instrument of Approval* issued by the workers' compensation authority in the event the application is approved.

To be signed by the person/s who is authorised to sign this application on behalf of the organisation seeking approval as a workplace rehabilitation provider.

Organisation Name: _____

Name & Title of authorised signatory:

Signature of authorised signatory:

_____ **Date:** _____

Name & Title of authorised signatory:

Signature of authorised signatory:

_____ **Date:** _____

Section 2

Appendix 3 - Statement of Commitment to the Code of Conduct for Workplace Rehabilitation Providers

I/We have read and agree to conform to the Code of Conduct for Workplace Rehabilitation Providers if approved as a workplace rehabilitation provider.

I/We understand and are aware that any breach of the Code of Conduct for Workplace Rehabilitation Providers may nullify any *Instrument of Approval* issued by the workers' compensation authority in the event the application is approved.

To be signed by the person/s who is authorised to sign this application on behalf of the organisation seeking approval as a workplace rehabilitation provider.

Organisation Name: _____

Name & Title of authorised signatory:

Signature of authorised signatory:

_____ **Date:** _____

Name & Title of authorised signatory:

Signature of authorised signatory:

_____ **Date:** _____

Section 2

Appendix 4- Comcare initial application requirements

1. Meeting the Comcare approval criteria

Please provide the following information and documentation to establish that the applicant meets the Criteria for initial approval or renewal of approval as a rehabilitation program provider (workplace rehabilitation provider) as determined by Comcare under section 34D of the Safety, Rehabilitation and Compensation Act 1988 (“SRC Act”).

Criterion 1: Competence

1. Please nominate all workplace rehabilitation providers who will be managing SRC Act rehabilitation programs on behalf of the applicant as part of the Section 2 (*Appendix 1 Staff Details*) documentation.
2. Please provide documentary evidence to establish that they are competent to provide workplace rehabilitation services subject to Criterion 1.

Include as necessary:

- (a) details of attendance at Comcare training (or proposed date)

Certified copies of:

- (b) current registration (where applicable)
- (c) full professional association membership or eligibility
- (d) relevant professional qualification
- (e) workplace rehabilitation experience
- (f) professional indemnity insurance (if not covered by applicant’s policy).

Please attach relevant documentation.

Criterion 2: Probity

3. To the best of the applicant’s knowledge, have any of the following been declared bankrupt in the last seven years? If so, provide details of the circumstances and reasons why there is no cause to reject the applicant’s application.

- (a) The applicant, or
- (b) Any of its principals.

If required please attach explanation.

Section 2

4. Comcare requires that all workplace rehabilitation providers be subject to the Commonwealth's *Privacy Act 1988*. Please indicate which of the following Privacy Act coverage provisions is applicable:
- (a) The applicant is a Commonwealth agency as defined in section 6 of the *Privacy Act 1988*
 - (b) The applicant is an 'organisation' as defined in section 6C of the *Privacy Act 1988* (e.g. a health service provider or the applicant has an annual turnover exceeding \$3 million), or
 - (c) The applicant has opted into coverage under section 6EA of the *Privacy Act 1988*.

Information on the Privacy Act can be obtained from The Office of the Privacy Commissioner at their website, www.privacy.gov.au or telephone 1300 363 992.

Criterion 3: Financial Requirements

- Provide a reference from an independent, qualified person, such as accountant or bank manager, to attest to the financial viability of the applicant.

Please attach documentation.

Section 2

2. Ability to meet Comcare operational standards

Please provide the following information and documentation to demonstrate the applicant's ability to achieve and maintain the service standards for workplace rehabilitation providers determined under section 34E of the SRC Act.

Service Standard 1 – Service delivery

5. List the range of services offered by the applicant. Identify those services which would be offered under a return to work assessment or rehabilitation plan under the SRC Act.

Please attach documentation.

6. Explain any training and procedures which are in place to ensure that the applicant and its staff abide by the Commonwealth's *Privacy Act 1988*.

Please provide a succinct statement.

Service Standard 2 – Return to work management

7. Describe the applicant's management of the return to work process, addressing each element of Service Standard 2- (SS2.1 to SS2.17).

Please provide a succinct statement addressing each element.

Service Standard 3 – Suitable and durable employment

8. Describe how the applicant will meet Service Standard 3 (SS3.1 to SS3.4).

Please provide a succinct statement addressing each element.

Service Standard 4 – Staff and Subcontractors

9. Describe how the applicant will meet Service Standard elements (SS4.3 & SS4.4).

Please provide a succinct statement addressing each element.

Service Standard 5- staff induction, ongoing learning and development

10. Outline how the applicant will ensure that individuals will undertake Comcare training for approved providers.

Please provide a succinct statement.

Service Standard 6 – Financial Responsibilities

11. Outline the applicant's charging rates.

Section 2

Please provide a succinct statement.

12. Provide an example of the applicant's invoice and invoicing cycle.

Please provide a succinct statement and attach an example invoice.

Service Standard 7- Organisational and administrative arrangements

13. Explain any training and procedures which are in place to ensure that the applicant and its staff abide by the Commonwealth Privacy Act.

Please provide a succinct statement.

Service Standard 9 – Evidence of compliance with operational standards

14. Describe how the applicant will document evidence on file to demonstrate ongoing compliance with these standards (SS 9.1).

Please provide a succinct statement.

Section 2

Appendix 5- Comcare agreement and authorisation

I, _____
(please print full name)

holding the position of: _____,
(please print title)

on behalf of the applicant: _____
(please print name of applicant)

- 1) certify that the information provided in this application and in support of the application is true and correct. *I understand that giving false or misleading information is a serious offence under the Criminal Code*
- 2) agree to advise Comcare as soon as possible of any changes to the information provided in this application, and
- 3) authorise relevant persons to provide to Comcare personal information in relation to this application and for the purposes of enabling Comcare to determine whether the applicant, a relevant principal or employee of the applicant is complying with the *Operational standards for rehabilitation program providers (workplace rehabilitation providers)* determined under section 34E of the SRC Act. In particular, I understand that this authorises Comcare to seek confirmation of the qualifications, probity and financial standing of the applicant, relevant principals and any workplace rehabilitation provider engaged or employed and the likely effectiveness, availability and cost of the rehabilitation programs which may be provided by the applicant.

If the applicant is approved as a workplace rehabilitation provider, I:

- 4) understand that failure to comply with the *Operational standards for rehabilitation program providers (workplace rehabilitation providers)* determined under section 34E of the SRC Act or the *Criteria for initial approval or renewal of rehabilitation program providers (workplace rehabilitation providers)* determined under section 34D of the SRC Act may result in the revocation of approval under section 34Q of that Act; and
- 5) agree to advise Comcare in writing within one month of any changes in workplace rehabilitation providers employed or engaged by the applicant to manage return to work plans under the SRC Act, including evidence of qualifications, experience/supervision arrangements and training
- 6) agree to Comcare listing the applicant's name, service delivery description and contact details on Comcare's website.

Signed.....(Applicant) **Date**.....