



# 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](#).

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## 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](#)". Western Australia became a signatory to the Framework on 2 October 2009.

**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 three-year period, until 30<sup>th</sup> June of the third year.

## Information to Complete the Application

1. A completed application must be submitted using the attached application template to:

WorkCover WA – Manager, Standards and Monitoring  
2 Bedbrook Place  
Shenton Park, WA 6008  
Email: [postmaster@workcover.wa.gov.au](mailto:postmaster@workcover.wa.gov.au)  
Phone: 08 9388 5555 Fax: 08 9388 5550

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 applications 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. WorkCover WA will approve an application where it is satisfied that the applicant conforms to the Conditions of Approval. WorkCover WA will inform the applicant of its decision and where successful issue an *Instrument of Approval* for a three-year period.
5. An *Instrument of Approval* is issued for a maximum period of three 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 three-year approval period, the workplace rehabilitation provider will participate in annual self-evaluations and any independent evaluation as required by WorkCover WA to ensure the Conditions of Approval are complied with.
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 unsuccessful.
8. If an application is unsuccessful, the applicant will be advised of the reasons and the appeals process.

9. An organisation that has been unsuccessful in their application will not be eligible to apply for approval until they can demonstrate to WorkCover WA's or other workers' compensation authorities' 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.

## **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. Documentation demonstrating how the applicant meets the Conditions of Approval (page 20).
2. A signed Statement of Commitment to the Conditions of Approval (Appendix 2, page 21).
3. A signed Statement of Commitment to the Code of Conduct for Workplace Rehabilitation Providers (Appendix 3, page 22).
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. Additional requirements of WorkCover WA can be found at (Part C, page 16).
7. Any other documentation requested by WorkCover WA or other workers' compensation authorities as part of considering the application.

While considering an application, WorkCover WA 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.

## Part A – Applicant Details

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

<p><b>9. Name of person/s who meet the organisational management structure requirements as outlined in Section 2.2, Principle Two: Organisational &amp; administrative arrangements in particular sub-principle 2.5 of this form.</b></p>	<p>Name/s</p> <p>Titles</p> <p>Qualifications, and workplace rehabilitation experience of the person/s meeting this requirement</p> <p>Phone</p> <p>Email</p>		
<p><b>10. Other workers' compensation authorities where approval has been granted.</b></p>	<p>List the jurisdictions in which the applicant has a current instrument of approval</p>		
<p><b>11. Referees</b></p>	<p>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.</p> <table border="1" data-bbox="535 1050 1419 1199"> <tr> <td style="width: 50%; height: 70px;"></td> <td style="width: 50%; height: 70px;"></td> </tr> </table>		
<p><b>12. Previous Applications</b></p>	<p>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?</p> <p style="text-align: center;">Yes/No</p> <p>If yes, 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:</p> <ul style="list-style-type: none"> <li>a. Your organisation, or</li> <li>b. Any of its owner/s, or</li> <li>c. Any of its management, or</li> <li>d. Any of its employees including contractors and staff.</li> </ul>		
<p><b>13. Conflict of Interest</b></p>	<p><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></p>		

<p><b>14. Professional misconduct or criminal proceedings</b></p>	<p><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 were associated with:</i></p> <ul style="list-style-type: none"> <li><i>a. Your organisation, or</i></li> <li><i>b. Any of its owner/s, or</i></li> <li><i>c. Any of its management, or</i></li> <li><i>d. Any of its employees including contractors and staff.</i></li> </ul>
<p><b>15. Insurance Documents as outlined in Section 2.1(c) Principle Two: Organisational &amp; administrative arrangements</b></p>	<p><i>In the context of workplace rehabilitation service provision, please attach copies of your organisation's:</i></p> <ul style="list-style-type: none"> <li><i>1. Professional Indemnity Certificate of Currency</i></li> <li><i>2. Public Liability Certificate of Currency</i></li> <li><i>3. Workers' Compensation Certificate of Currency</i></li> </ul>

## 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.*

#### **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 and 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.*

**2.3 Privacy and confidentiality practices meeting relevant privacy legislation requirements**

- a. System that incorporates 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**

- a. Systems that comply with relevant injury management and workers' compensation legislation.
- b. 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 and 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.*

### **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.*

## 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.

- 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 undergone current checks and clearances where appropriate (e.g. 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 18).)*

*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.*

#### **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 and other Evaluations as required**

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.*

## **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 please attach current case data to illustrate conformance with this requirement at this time.*

## **4. Minimum RTW rate (See Part C – WorkCover WA Additional Application Requirements)**

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 and 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.*

## **Part C – WorkCover WA – Additional Application Requirements**

### **Conditions of Approval**

#### **Condition 1 - Minimum Return to Work Rate**

The workplace rehabilitation provider must maintain the minimum return to work rate as set by WorkCover WA.

- A return to work rate of 95% with a 10% tolerance for cases involving the same employer. Providers achieving a rate of 85% and above meet the benchmark; and
- A return to work rate of 75% with a 10% tolerance for cases involving a new employer. Providers achieving a rate of 65% and above meet the benchmark.

*Outline how your organisation will meet this condition.*

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

#### **Condition 2 - Data Entry Timeframes**

The Workplace Rehabilitation Provider must ensure data entered into WorkCover WA's Rehabilitation Online application will be completed as follows:

- Data for all VR1 Referrals will be entered within 28 days of receipt of referral;
- Data for all VR2 Service Delivery Plans will be entered within 28 days of injured worker signature on the SDP; and
- VR3 Closures will be entered within 28 days of case closure.

*Outline how your organisation will meet and maintain the data entry timeframe requirements.*

#### **Condition 3 - Data Entry Accuracy**

The Workplace Rehabilitation Provider must ensure accuracy of data supplied. There will be a benchmark of 80% accuracy applied to quarterly data entry, which will be assessed 28 days after the end of each quarter. Quarters will be:

1 September – 30 November

1 December – 29 February

1 March – 30 May

1 June – 31 August

A second benchmark also exists. All data (100%) is to be entered and available for review within 28 days of the end of the review year (data for the review year to be entered by 28 September in each year).

*Outline how your organisation will meet and maintain the data entry accuracy requirements and timeframes.*

**Condition 4 - Contracting Out Of Case Management**

Workplace Rehabilitation Providers must not Contract out Case Management without the prior written approval of WorkCover WA.

*Confirm your organisation's agreement to this principle.*





## **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.
- 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 and Title of authorised signatory:**

\_\_\_\_\_

**Signature of authorised signatory:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Name and Title of authorised signatory:**

\_\_\_\_\_

**Signature of authorised signatory:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

### **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 and Title of authorised signatory:**

\_\_\_\_\_

**Signature of authorised signatory:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Name and Title of authorised signatory:**

\_\_\_\_\_

**Signature of authorised signatory:**

\_\_\_\_\_

**Date:** \_\_\_\_\_