



# APPLICATION FOR APPROVAL AS A WORKPLACE REHABILITATION PROVIDER

## INTRODUCTION

This application must be lodged by organisations wishing to apply for approval as a workplace rehabilitation provider under section 156 of the *Workers' Compensation and Injury Management Act 1981* (the Act) (referred to as vocational rehabilitation providers in the Act).

An organisation wishing to apply for approval should refer to the WorkCover WA: *Guidelines to be approved as a Workplace Rehabilitation Provider* (the Guidelines) and the Heads of Workers' Compensation Authorities: *Principles of Practice for Workplace Rehabilitation Providers* (Principles of Practice) for further details.

## PART A: APPLICANT DETAILS

### ORGANISATION DETAILS

Full name of organisation

Trading name of organisation

Nature of organisation:  Company  Partnership  Sole trader  Individual subsidiary of a government body

Name of principal(s)

ABN (for Australian businesses only)

ACN (if applicable)

(attach copy of the ABN record from the Australian Business Registry)

Daytime contact number

Mobile number

Fax number

Email

### Organisation street address (must NOT be a PO Box)

Unit number/Street number/Property number

Street name

Suburb

State

Postcode

**Postal address**  Same as organisation street address

Unit number/Street number/Property number

Street name

Suburb

State

Postcode



**PARENT ORGANISATION DETAILS (IF APPLICABLE)**

Name of parent organisation

**Parent organisation street address (must NOT be a PO Box)**

Unit number/Street number/Property number

Street name

Suburb

State

Postcode

Name and position of person(s) authorised to sign this application on behalf of the organisation:

Name

Title

Name

Title

**APPLICATION CONTACT PERSON**

Name

Title

Daytime contact number

Mobile number

Email

**PERSON(S) IN MANAGEMENT STRUCTURE ABLE TO DEMONSTRATE AT LEAST FIVE YEARS RELEVANT  
WORKPLACE REHABILITATION EXPERIENCE. REFER TO APPROVED WORKPLACE REHABILITATION PROVIDER  
GUIDELINES.**

Name(s)

Title(s)

Daytime contact number

Mobile number

Email



**OTHER WORKERS COMPENSATION AUTHORITIES WHERE APPROVAL HAS BEEN GRANTED**

List the jurisdictions in which the applicant has a current *Instrument of Approval*

**REFEREES**

**Referee 1**

Name

Title

Daytime contact number

Mobile number

Email

**Referee 2**

Name

Title

Daytime contact number

Mobile number

Email

**PREVIOUS APPLICATIONS**

Has an Australian workers compensation jurisdiction refused or withdrawn approval of the organisation, owner(s) and/or management and/or any persons employed or engaged to deliver workplace rehabilitation services?

Yes  No

If so, please provide details

**CONFLICT OF INTEREST**

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.

**PROFESSIONAL MISCONDUCT OR CRIMINAL PROCEEDINGS**

Outline if any proceedings have been taken (or are pending) against the organisation, owner/s and /or management, and/or any person employed or engaged to deliver workplace rehabilitation services, 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.



**INSURANCE CURRENCY**

In the context of workplace rehabilitation service provision, please attach copies of your organisation's:

**Professional Indemnity Insurance**

Please detail

Policy number

Expiry date (DD/MM/YYYY)

**Public Liability Insurance**

Please detail

Policy number

Expiry date (DD/MM/YYYY)

**Workers Compensation Insurance**

Please detail

Policy number

Expiry date (DD/MM/YYYY)



## PART B – APPROVAL CRITERIA AND CONDITIONS OF APPROVAL

An applicant must demonstrate how the applicant meets the Approval Criteria and the Conditions of Approval. The Approval Criteria relate to the requirements for an Applicant to become a workplace rehabilitation provider in the first instance. The Conditions of Approval relate to the conditions an Applicant must adhere to once approval has been granted. Both the Approval Criteria and Conditions of Approval are ongoing commitments which workplace rehabilitation providers must adhere to.

The Approval Criteria and Conditions of Approval, as found in the Principles of Practice and the Guidelines, are set out below. Applicants should provide a statement addressing how the organisation will conform to the Approval Criteria and Conditions of Approval. Applicants should take care to ensure they address each and every requirement listed in the Principles of Practice and the Guidelines. For more details, refer to the Principles of Practice and the Guidelines.

WorkCover WA may seek more information from an Applicant that does not fully address each principle. Incomplete applications will not be accepted. If more space is required, attach a blank piece of paper, clearly labelled for the principle in addresses.

### APPROVAL CRITERIA

#### Principle six of the Principles of Practice

##### Competent and qualified professionals

- A. Provide a statement setting out how your organisation intends to meet and maintain competency and professional standards for your organisation's workplace rehabilitation consultants (and provide evidence where relevant, e.g. for relevant professional registration). Answer this question by addressing points 1-7 of Principle six of the Principles of Practice.

**NOTE:** see the Guidelines for a list of recognised professions amending the list found in Appendix A of the Principles of Practice.



- B. As required by points 8-9 of Principle six of the Principles of Practice, provide evidence that your organisation's workplace rehabilitation consultants:
- i) have 12 months or more experience delivering workplace rehabilitation services; or
  - ii) where they have less than 12 months experience delivering workplace rehabilitation services, provide evidence of a comprehensive induction and learning development plan to be completed, including demonstrated professional supervision, for at least 12 months

**Principle seven of the Principles of Practice**

**Appropriate governance processes**

- A. Provide a statement setting out how your organisation intends to ensure appropriate governance processes. Answer this question by addressing points 1-8 of Principle seven of the Principles of Practice.



## CONDITIONS OF APPROVAL

### Part 1: Heads of Workers' Compensation Authorities Principles of Service Delivery

#### Principle one of the Principles of Practice

##### Adopt a biopsychosocial approach to build capacity through work participation

- A. Provide a statement setting out how your organisation intends to identify risks and needs when planning an intervention. Answer this question by addressing points 1-9 of Principle one of the Principles of Practice.

- B. Provide a statement setting out how your organisation intends to build capacity through work. Answer this question by addressing points 10-13 of Principle one of the Principles of Practice.



**Principle two of the Principles of Practice**

**Empower the worker and employer to achieve the goals of return to work**

- A. Provide a statement setting out how your organisation intends to empower the worker and employer to achieve goals. Answer this question by addressing points 1-10 of Principle two or the Principles of Practice.





**Principle three of the Principles of Practice**

**Deliver outcome driven workplace-based services**

- A. Provide a statement setting out how your organisation intends to identify tailored goals and support cost effective goal achievement. Answer this question by addressing points 1-5 of Principle three of the Principles of Practice.

- B. Provide a statement setting out how your organisation intends to ensure services are costs effective. Answer this question by addressing points 6-11 of Principle three of the Principles of Practice.



**Principle four of the Principles of Practice**

**An evidence-based approach to service design and delivery**

- A. Provide a statement setting out how your organisation intends to apply contemporary and evidence-based best. Answer this question by addressing points 1-6 of Principle four of the Principles of Practice.

**Principle five of the Principles of Practice**

**Services that result in a measurable benefit to the worker and employer**

- A. Provide a statement setting out how your organisation intends to demonstrate service delivery effectiveness. Answer this question by addressing points 1-5 of Principle five of the Principles of Practice.



**Part 2: WorkCover WA Performance Standards**

**Minimum Return to Work Rate**

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

- A return to work rate of 85% for cases involving the same employer; and
- A return to work rate of 65% for cases involving a new employer.

*Provide a statement setting out how your organisation intends to meet this condition.*

**Data Entry Timeframes**

A Workplace Rehabilitation Provider must comply with WorkCover WA data entry requirements.

*Provide a statement setting out how your organisation intends to meet this condition.*

**Contracting Out**

A Workplace Rehabilitation Providers must not contract out case management without the prior written approval of WorkCover WA.

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



**Activity requirements**

A workplace rehabilitation provider must demonstrate management of at least 12 cases of workplace rehabilitation within any workers' compensation jurisdiction for each 12 month period within the three year approval period.

*Confirm your organisations acknowledgment of this condition.*

**Part 3: WorkCover WA Service Requirements**

**Compliance and Monitoring**

During each three year approval period, WorkCover WA may conduct independent evaluations to determine a workplace rehabilitation provider's compliance with the Approval Criteria, Conditions of Approval and the Service Requirements (as noted in the Guidelines)

- A. Workplace Rehabilitation Providers are required to participate in annual self-evaluations and independent evaluations to demonstrate compliance, and make such information available to WorkCover WA upon request.

*Confirm your organisations acknowledgment of this condition.*

- B. Workplace rehabilitation providers are required to ensure documentation is on file to demonstrate ongoing compliance with the Service Requirements and make such information available to WorkCover WA upon request.

*Confirm your organisations acknowledgment of this condition.*



## PART C: STATEMENT OF COMMITMENT TO THE APPROVAL CRITERIA AND CONDITIONS OF APPROVAL

Read and sign the below statement acknowledging commitment to the Approval Criteria and Conditions of Approval.

The Approval Criteria and Conditions of Approval:

1. The workplace rehabilitation provider must comply with the Approval Criteria and the Conditions of Approval, along with the contents of the Principles of Practice and the Guidelines generally, as ongoing requirements.
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 Practice and the Guidelines.
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 Practice and the Guidelines and who is able to demonstrate five years relevant workplace rehabilitation experience.
4. The workplace rehabilitation provider must participate in annual self-evaluations and in independent evaluations as required by WorkCover WA to demonstrate conformance with the Approval Criteria and Conditions of Approval.
5. The workplace rehabilitation provider must demonstrate management of 12 cases (excludes assessment only cases) of workplace rehabilitation within any workers compensation jurisdiction for each 12 month period within the three 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 WorkCover WA.
7. The workplace rehabilitation provider must provide data to WorkCover WA consistent with the Approval Criteria, Conditions of Approval and the Service Requirements.
9. The workplace rehabilitation providers 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 WorkCover WA in advance in writing, or as soon as practical, if any of the following situations arise and accept that WorkCover WA will review the status of approval and determine whether the proposed arrangements conform with the Approval Criteria and 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 accepts that WorkCover WA may:
  - i. initiate an independent evaluation at any time during the period of the approval which may involve an evaluation of conformance to the Approval Criteria or Conditions of Approval
  - ii. consult with the relevant professional or industry associations in determining what are reasonable expectations regarding performance
  - iii. impose additional requirements
  - iv. exchange information with other workers compensation authorities on provider performance
  - 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 Approval Criteria and 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 Approval Criteria or Conditions of Approval, or the requirements of the Principles of Practice or Guidelines generally, nullify any application or Instrument of Approval issued by WorkCover WA in the event the application is approved.

To be signed by the person/s who is/are 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

Name and title of authorised signatory

Signature of authorised signatory

Signature of authorised signatory

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)