

STAFF DETAILS

Application for approval as a workplace ehabilitation provider	
chabilitation provider	

Organisation Control C							
Address*		Site prov	Site provider approval number (if applicable) Details as at date (DD/MM/YYY)				
Name and position title	Qualifications (include qualification, institution and year of concurrence)	Years of workplace rehabilitation experience	Basis of employment (eg fee-for-service, part time or full time)	Professional membership or registration (type and membership number)	Supervision arrangement for staff with less than 12 months experience		

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