



RENEWAL APPLICATION FOR APPROVAL AS A WORKPLACE REHABILITATION PROVIDER

INTRODUCTION

This application for renewal must be lodged by organisations wishing to apply for a renewal of 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 a renewal of 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

List all jurisdictions where your organisation operates.

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



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Has an Australian workers compensation jurisdiction refused or withdrawn approval of the organisation, owner(s) and/or management and/or any persons employed or engaged to deliver workplace rehabilitation services?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

Has a conflict of interest been identified with other suppliers of services within any workers compensations authority in the current approval period?

Yes No

If so, please provide details

Detail all your organisation's business affiliations with other suppliers of services within any of the workers compensation authority.

How will any actual or perceived conflict of interest be managed?

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 the 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: CONFORMING TO THE CONDITIONS OF APPROVAL

As part of the renewal process, a workplace rehabilitation provider must demonstrate how the applicant has conformed to the WorkCover WA Performance Standards and the Service Requirements (notwithstanding a workplace rehabilitation provider's ongoing obligation to adhere to the Approval Criteria and Conditions of Approval generally).

The WorkCover WA Performance Standards, as found in the Guidelines, are set out below, along with a Self-evaluation Declaration. Workplace rehabilitation providers should take care to ensure they fully address each requirement listed below. WorkCover WA may seek more information from a workplace rehabilitation provider that does not fully address each question. Incomplete renewal applications will not be accepted. If more space is required, attach a blank piece of paper, clearly labelled for the condition it addresses.

Minimum Return to Work Rate

Complete the following table for each year of the current approval period.

Return to work rate	Year 1:	Year 2:	Year 3:
Same employer RTW rate			
New employer RTW rate			
13 week durability rate			

Where the required return to work rate has not been met, please provide additional information explaining the reasons.

Data Entry Timeframes

A workplace rehabilitation provider must ensure that 95% of Closures will be entered within 28 days of case closure in WorkCover WA's Rehabilitation Online application.

If you have not met the rate set out above, attach an action plan to this application for renewal setting out how your organisation intends to ensure the required benchmarks are met in the future.

Contracting Out

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

Reaffirm your organisation's agreement to this condition.

Activity Requirements

A workplace rehabilitation provider must demonstrate management of 12 cases (excludes assessment only cases) of activity consistent with the requirements of the Principles of Practice and the Guidelines.

Where the activity requirements are not met, please provide additional information explaining the reasons.



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

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

The Approval Criteria and Approval Conditions:

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)