



Access
Canberra.

**Application for Approval
as a Workplace
Rehabilitation provider**
Workers Compensation Act 1951

This form should be used when approval is being sought under Part 5 of the *Workers Compensation Regulation 2002* for an Instrument of Approval to operate as a workplace rehabilitation provider. All applications are subject to and must comply with the requirements of the Nationally Consistent Approval Framework for Workplace Rehabilitation Providers (the Framework). You can access the Regulation at <http://www.legislation.act.gov.au>. You may also obtain further information regarding the Framework and forms at www.accesscanberra.gov.au.

Privacy Notice

The personal information on this form is provided to Access Canberra of the ACT Government to enable the processing of your application. If all or some of the personal information is not collected, Access Canberra cannot process your application. The personal information you provide may be disclosed to the other ACT Government Directorates, and third parties external to the ACT Government, as required by specific legislation administered by Access Canberra. The [Information Privacy Policy Annex](#) contains information in regard to what information Access Canberra collects and to whom it is disclosed. The policy also contains information about how you may access or seek to correct your personal information held by Access Canberra, and how you may complain about an alleged breach of the Territory Privacy Principles. The Information Privacy Policy can be found on the <http://www.cmd.act.gov.au/legal/privacy>.

CONTACT DETAILS

Send completed forms to:	Workers Compensation Access Canberra GPO Box 158 Canberra ACT 2601
Office Hours:	9:00am to 4:30pm Monday to Friday
Phone enquires:	(02) 6207 3000
Fax:	(02) 6205 0336
Email:	workerscompensation@act.gov.au
Website:	www.accesscanberra.gov.au

INSTRUCTIONS FOR COMPLETION

- **To avoid unnecessary delays please ensure this form is completed in full. Incomplete applications will be returned to the applicant.**
- If you are seeking **mutual recognition of an Instrument of Approval** provided by a corresponding authority (cross-jurisdiction application) complete **Part A only** and attach a copy of the Instrument of Approval already obtained.
- If you are applying for approval in the **ACT only or the ACT is your home jurisdiction** complete both **Parts A & B** and attach all relevant documents.
- Applicants should ensure their application is accompanied by the necessary supporting documentation to demonstrate their capacity to meet the requirements (see the *Guide: Nationally Consistent Approval Framework for Workplace Rehabilitation Providers*, Section 6 – Conditions of Approval).
- If there is insufficient space to complete the response, attach another piece of paper and identify the question to which the response relates.
- While considering an application, Access Canberra may at any time request in writing further information from the organisation and may liaise with other workers compensation authorities where the applicant delivers workplace rehabilitation services to exchange information about the application.
- If completing this form by hand please use a black or blue pen only.
- Any alteration to information provided on this form must be struck through with a black pen. Substitute information must be clear and all parties must sign in the margin. Do not use correction fluid or tape.
- The provision of false or misleading information is a serious offence and will nullify the application.

PART A – APPLICANT DETAILS

APPLICATION TYPE

- ACT Only** – Provide services in the ACT only (**Complete PART A & B**)
- ACT Home Jurisdiction** – Provide majority of services in the ACT (**Complete PART A & B**)
- Cross-Jurisdiction** – Home jurisdiction is another State/Territory, application is for mutual recognition
(**Complete PART A ONLY** and please attach a copy of other Instrument/s of Approval)

APPLICATION DETAILS

Business Name: _____

ABN (*Attach copy of the ABN record from the Australian Business Register*):

ORGANISATION DETAILS

Full name of organisation: _____

Trading name of organisation: _____

Nature of Organisation: Company Partnership Sole Trader Individual subsidiary of a Government body

ACN (*if applicable*):

Organisation address: _____ State: _____ Postcode: _____

Postal address: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Name of parent organisation (*if applicable*):

Address of parent organisation: _____ 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: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

APPROVED IN OTHER STATES/TERRITORIES

List other jurisdictions where approval has been granted to the applicant

NAME OF PERSON/S WHO MEET THE ORGANISATION MANAGEMENT STRUCTURE REQUIREMENTS OF PRINCIPLE TWO, IN PARTICULAR SUB PRINCIPLE 2.5 *(Attach separate sheet if not enough space)*

Name: _____ **Title:** _____

Phone: _____ **Fax:** _____ **Mobile:** _____

Email: _____

Qualifications *(attach certified copies):*

Workplace rehabilitation experience: _____

NAME OF PERSON/S WHO MEET THE ORGANISATION MANAGEMENT STRUCTURE REQUIREMENTS OF PRINCIPLES TWO, IN PARTICULAR SUB PRINCIPLE 2.5 *(Attach separate sheet if not enough space)*

Name: _____ **Title:** _____

Phone: _____ **Fax:** _____ **Mobile:** _____

Email: _____

Qualifications *(attach certified copies):*

Workplace rehabilitation experience: _____

REFEREES (please attach two referee statements attesting to the applicants suitability as a workplace rehabilitation provider, including references to the personal integrity, honesty and due diligence of the organisation's owner/s and/or management)

Name: _____ Name: _____

Title: _____ Title: _____

Phone: _____ Phone: _____

Email: _____ 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 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:

- Your organisation
- Any of its owners
- Any of its management
- Any of its employees, including contractors and staff

Details:

CONFLICT OF INTEREST

Has a conflict of interest been identified with other suppliers of services within any of the workers' compensations authorities?

Yes No

Detail all your organisation's business affiliations with other suppliers of services within any of the Workers Compensation Authorities:

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 any of the following, in relation to professional misconduct or criminal proceedings, breaches of the Privacy Act or financial administration acts. If so, please 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:

The organisation: _____

Any of its owners: _____

Any of its management: _____

Any of its employees, including contractors and staff: _____

INSURANCE DOCUMENT

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

- Professional Indemnity Certificate of Currency
- Public Liability Certificate of Currency
- Workers Compensation Certificate of Currency

STATEMENTS OF COMMITMENT

The person/s who is authorised to sign on behalf of the applicant must sign the Statements of Commitment at Appendix 1 and Appendix 2.

- Appendix 1 – Statement of Commitment to the Conditions of Approval
- Appendix 2 – Statement of Commitment to the Code of Conduct for Workplace Rehabilitation Providers

ENGLISH	If you need interpreting help, telephone:
ARABIC	بالتلفون الرقم 131 450 للحصول على مساعدة الترجمة للمساعدة إذا
CHINESE	如果您需要口译员帮助, 请拨电话
CROATIAN	Ako trebate pomoć tumača telefonirajte
DARI	کمیڈیت یالغون شماره این به دارید ضرورت ش فاهی ترجمه که به اگر
GREEK	Αν χρειάζεστε διερμηνέα τηλεφωνήστε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero
MALTESE	Jekk għandek bżonn l-għajnuna t'interpretu, ċempel
PERSIAN	کمیڈیت لافن شماره این به دارید احتاج ش فاهی ترجمه به اگر
RUSSIAN	Если вам нужна помощь переводчика, звоните по телефону
SPANISH	Si necessita la asistencia de un intérprete, llame al
VIETNAMESE	Nếu bạn cần một người thông ngôn hãy gọi điện thoại

TRANSLATING AND INTERPRETING SERVICE

131 450

Canberra and District – 24 hours a day, seven days a week

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 1: SERVICE PROVISION

1.1 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 maximize 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 you would 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 you would 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 you would 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 you would 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.
- 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 you would say to an injured worker or an employer about what this means and what will occur.

PRINCIPLE 2: 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. For example, consider what you would say to an injured worker or an employer about what this means and what will occur.

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

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. For example, consider what you would say to an injured worker or an employer about what this means and what will occur.

2.4 Safe Work Practices as well as 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. For example, consider what you would say to an injured worker or an employer about what this means and what will occur.

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 years relevant workplace rehabilitation experience. Also refer to 4.1.a. Minimum Workplace Rehabilitation Consultant qualifications.

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 you would say to an injured worker or an employer about what this means and what will occur.

PRINCIPLE 3: 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. For example, consider what you would say to an injured worker or an employer about what this means and what will occur.

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. For example, consider what you would say to an injured worker or an employer about what this means and what will occur.

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. For example, consider what you would say to an injured worker or an employer about what this means and what will occur.

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. For example, consider what you would say to an injured worker or an employer about what this means and what will occur.

PRINCIPLE 4: 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 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 3 – Staff Details, page 13).

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 you would say to an injured worker or an employer about what this means and what will occur.

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. For example, consider what you would say to an injured worker or an employer about what this means and what will occur.

2. PROVIDER ANNUAL SELF-EVALUATION 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 evaluation 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.

Outline how your organisation will meet this condition. (If your organisation is currently approved as a Workplace Rehabilitation Provider 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 this condition. (If your organisation is currently approved as a Workplace Rehabilitation Provider for a Workers Compensation Authority, please attach current case data to illustrate what return to work rate is currently 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 the *Work Safety Act 2008*.

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*
- *The availability of public transport and/or car parking within or near each location*
- *What types of alternatives to stairs are available for workers with mobility impairments.*

For each location/site describe how the facilities comply with the Work Safety Act 2008.

OFFICE USE ONLY

Received Via: Mail / Counter / Fax / Email	Date received: / /	Time: : Hrs
Processed By:	Authorised By:	Instrument of Approval Issued:
Attached Documents		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of ABN (pg 2)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of other Workers Compensation Authority Instrument of Approval <i>(if applicable)</i> (pg 2)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified copy of qualifications (pg 3)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Two referees statements (pg 4)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional indemnity certificate of currency (pg 5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Liability Certificate of Currency (pg 5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers’ compensation certificate of currency (pg 5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current caseload data <i>(if applicable)</i> (pg 12)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current RTW data <i>(if applicable)</i> (pg 12)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Appendix 1 – Statement of commitment to Conditions of Approval signed (pg 14)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Appendix 2 – Statement of Commitment to the Code of Conduct signed (pg 16)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Appendix 3 – Completed staff details sheet/s (pg 17)		<input type="checkbox"/> Yes <input type="checkbox"/> No

APPENDIX 1 – 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 five 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 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 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
 - 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 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/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: _____

Signature of authorised signatory: _____ **Date:** _____

Name and title of authorised signatory: _____

Signature of authorised signatory: _____ **Date:** _____



APPENDIX 2 – 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/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: _____

Signature of authorised signatory: _____ **Date:** _____

Name and title of authorised signatory: _____

Signature of authorised signatory: _____ **Date:** _____

APPENDIX 3 – STAFF DETAILS

ORGANISATION: _____

ADDRESS*: _____

SITE OR PROVIDER APPROVAL NUMBER (If applicable): _____ DETAILS AS AT DATE: _____

Name and position title	Qualifications Include qualification, institution, year of concurrence	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 arrangement 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.