

Workplace Rehabilitation Provider

Application for Accreditation in Tasmania



This application must be lodged by organisations wishing to apply for accreditation as a workplace rehabilitation provider (WRP) under section 77C of the *Workers Rehabilitation and Compensation Act 1988*.

Before making an application, an organisation should refer to the:

- Accreditation Requirements for Workplace Rehabilitation Providers in Tasmania (the Tasmanian Requirements)
- Heads of Workers' Compensation Authorities: Principles of Practice for Workplace Rehabilitation Providers (Principles of Practice)

Applications for accreditation in Tasmania will only be accepted using this form.

Please email your completed application to workcover.tasmania@justice.tas.gov.au

APPLICATION CHECKLIST

Please check you have completed the following sections and attached the required documentation:

- ☐ PART A : Applicant's details
 - ☐ Copy of Australian Business Number record from Australian Business Register (if applicable)
 - ☐ Copy of Australian Company Number record from Australian Securities and Investment Commission (if applicable)
 - ☐ Any signed referee statements
- ☐ PART B – Approval Criteria and Conditions of Accreditation
 - ☐ Copy of Certificates of Currency for:
 - ☐ Professional indemnity insurance
 - ☐ Public liability insurance
 - ☐ Tasmanian workers compensation insurance
 - ☐ Copies of qualifications and resume of person/s within the management structure with at least 5 years' relevant workplace rehabilitation experience
 - ☐ Staff details sheet stating relevant qualifications, membership and experience
 - ☐ Copy of approved supervision plans for those under supervision
- ☐ PART C – Signed Statement of Commitment to the Approval Criteria and Conditions of Accreditation
- ☐ PART D – Signed consent to collect, disclose and release information about the application

Personal Information Protection Statement

The personal information we collect from you will be used by WorkCover Tasmania for the purposes of assessing your application for accreditation as a workplace rehabilitation provider and may be used for other purposes permitted by the *Workers Rehabilitation and Compensation Act 1988* and associated laws. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information may be disclosed to contractors and agents of WorkCover Tasmania, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service.

PART A: APPLICANT'S DETAILS

Workplace Rehabilitation Services

Under section 77A of the *Workers Rehabilitation and Compensation Act 1988*, a workplace rehabilitation provider is not to deliver workplace rehabilitation services in the Tasmanian workers compensation scheme unless the provider has been accredited by the WorkCover Tasmania Board.

In Tasmania, workplace rehabilitation services may only be delivered by designated professional groups. Refer to the Tasmanian Requirements, Appendix B.

Select the workplace rehabilitation service(s) your organisation wishes to deliver under the *Workers Rehabilitation and Compensation Act 1988*.

- ☐ Initial workplace rehabilitation assessment
- ☐ Assessment of the functional capacity of a worker
- ☐ Workplace assessment
- ☐ Job analysis
- ☐ Advice concerning job modification
- ☐ Rehabilitation counselling
- ☐ Vocational assessment

Organisation Details

Full name of organisation

Trading name of organisation

Nature of organisation: ☐ Corporation ☐ Partnership ☐ Sole trader ☐ Other

Name of principal(s)

Daytime contact number

Mobile number

Email

Australian Business Number (ABN), if applicable

- ☐ Attach copy of the ABN record from the Australian Business Registry

Australian Company Number (ACN), if applicable

- ☐ Attach copy of the ACN record from the Australian Securities and Investment Commission

Organisation street address (must NOT be a PO Box)

Unit number/Street number

Street name

Suburb

State

Postcode

Postal address ☐ Same as organisation street address

Unit number/Street 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

Street name

Suburb

State

Postcode

Person(s) authorised to sign this application on behalf of the organisation:

Person 1

Name

Position title

Person 2 (if applicable)

Name

Position title

Application contact person

Name

Position title

Daytime contact number

Mobile number

Email

Other workers compensation authorities where approval has been granted

Tick the jurisdictions in which the applicant has a current Instrument of Approval

NSW ☐

VIC ☐

QLD ☐

WA ☐

SA ☐

ACT ☐

NT ☐

Comcare ☐

WorkCover Tasmania reserves the right to contact other jurisdictions where approval is held for additional information about your organisation's performance as a workplace rehabilitation provider. Refer to Part D Consent to collect, disclose and release information form.

Referees

New applicants must provide details of two referees.

Referee 1

Name

Title

Daytime contact number

Mobile number

Email

Referee 2

Name

Title

Daytime contact number

Mobile number

Email

Referees should consider the below dot points and provide 1-2 examples in verifying the applicant’s experience and competencies to operate as a workplace rehabilitation provider.

- previous experience in identifying biopsychosocial risk factors and barriers to return to work
- previous experience in identifying tailored goals and supporting cost effective goal achievement
- competency to comply with standards, guidelines and codes relevant to their profession
- competency to comply with relevant legislation and governance processes
- previous experience or ability to manage complaints and issues.

Referees can provide a verbal or a written statement. Written referee statements must be signed by the referee and attached to this application.

WorkCover Tasmania reserves the right to contact referees for additional information to support the applicant’s application.

Previous Applications

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

☐ Yes ☐ No

If yes, please provide details.

Professional misconduct or criminal proceedings

Are there any proceedings that 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 yes, provide details of the circumstances and reasons why there is no cause to reject your organisation's application.

PART B: APPROVAL CRITERIA AND CONDITIONS OF ACCREDITATION

Applicants must demonstrate how they meet the Approval Criteria and how they will adhere to the Conditions of Accreditation.

Both the Approval Criteria and the Conditions of Accreditation are ongoing commitments which workplace rehabilitation providers must adhere to.

WorkCover Tasmania may seek more information from an applicant that does not fully address each question. Incomplete applications will not be accepted.

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

APPROVAL CRITERIA

The Approval Criteria is derived from the Principles of Practice: Part 2 – Principles of Administration (principles 6 and 7), subject to any amendments stipulated in the Tasmanian Requirements.

Applicants will need to demonstrate that they have appropriate governance processes and competent and qualified professionals.

Governance processes

Workplace rehabilitation providers must have appropriate business, governance and administrative systems to provide professional, consistent and high-quality services to workers, employers, insurers and other relevant parties.

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.

Refer to Principles of Practice – Appendix B prior to answering this question.

Insurance currency

In the context of workplace rehabilitation service provision, please complete the details below and **attach copies** of your organisation's latest certificate of currency for your insurance policies:

Professional Indemnity Insurance

Insurance provider or other details

Policy number

Expiry date (DD/MM/YYYY)

☐ Attach certificate of currency for your professional indemnity insurance policy

Public Liability Insurance

Insurance provider or other details

Policy number

Expiry date (DD/MM/YYYY)

☐ Attach certificate of currency for your public liability insurance policy

Workers Compensation Insurance

Insurance provider or other details

Policy number

Expiry date (DD/MM/YYYY)

☐ Attach certificate of currency for your Tasmanian workers compensation insurance policy

Person(s) in management structure able to demonstrate at least five years relevant workplace rehabilitation experience. Refer to the Tasmanian Requirements.

Name(s)

Title(s)

Daytime contact number

Mobile number

Email

☐ Attach copies of relevant **qualification/s**, **professional membership/s** and **resume** with application.

Provide a statement setting out how your organisation intends to ensure appropriate governance processes. Answer this question by addressing principle seven of the Principles of Practice.

Competent and qualified professionals

An accredited workplace rehabilitation provider (in particular, the person/s in the management structure able to demonstrate at least five years relevant workplace rehabilitation experience) is responsible for ensuring they have competent and qualified staff (employees and contractors) working for them.

Individuals providing workplace rehabilitation services must acquire and maintain relevant registration, membership or accreditation and have 12 months or more experience delivering workplace rehabilitation services.

Where individuals have less than 12 months experience delivering workplace rehabilitation services, a comprehensive induction and learning plan must be completed with at least 12 months' supervision by a person who meets the requirements mentioned above.

Staff details form

☐ Complete the staff details form at Appendix 1

This is for all staff who wish to deliver workplace rehabilitation services in Tasmania.

Supervision plans

☐ Attach copies of approved supervision plans, if applicable

Applicants should note that:

- it is an ongoing requirement for supervision plans to be submitted while accredited
- supervision plans must be submitted within three months of the supervisee commencing employment
- following the 12-month supervision period, the VWRP applicant will be required to submit to WorkCover Tasmania evidence of the supervision plan being met and conformed to/completed.

CONDITIONS OF ACCREDITATION

The Conditions of Accreditation are derived from the *Principles of Practice: Part 1 – Principles of Service Delivery (principles one to five)*, relating to the expectations of quality service delivery.

Please refer to the *Principles of Practice* before answering this question.

If more space is needed, attach additional pages clearly labelled for the question that you are answering.

Principle one: Adopt a biopsychosocial approach to build capacity through work participation

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*.

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

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* of the *Principles of Practice*.

Principle three: Deliver outcome driven workplace-based services

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*.

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

Principle four: An evidence-based approach to service design and delivery

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

Principle five: Services that result in a measurable benefit to the worker and employer

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

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

Read and sign the below statement acknowledging your commitment to comply with the Approval Criteria and Conditions of Accreditation:

1. The WRP must comply with the Approval Criteria and Conditions of Accreditation as specified in WorkCover Tasmania's Accreditation Requirements for Workplace Rehabilitation Providers in Tasmania (the Tasmanian Requirements).
2. The WRP must comply with the [Heads of Workers' Compensation Authorities \(HWCA\): Principles of Practice for Workplace Rehabilitation Providers](#) (the Principles of Practice) subject to any amendments stipulated in the Tasmanian Requirements.
3. The WRP must ensure that all workplace rehabilitation services are delivered by persons who have and maintain relevant professional registration or membership as defined in the Tasmanian Requirements.
4. The WRP must ensure that all workplace rehabilitation services are only delivered by designated professional groups as defined in the Tasmanian Requirements.
5. The WRP must ensure that all workplace rehabilitation services are delivered by persons with 12 months or more experience delivering workplace rehabilitation services or is completing a comprehensive induction and learning plan with at least 12 months' supervision.
6. The WRP's management structure must include at least one person who holds a qualification listed in the Tasmanian Requirements and who is able to demonstrate five years' relevant workplace rehabilitation experience. Sole practitioners or an organisation that does not employ other staff or contractors to deliver workplace rehabilitation services are exempt from this requirement.
7. The WRP must operate in an ethical manner, complying with the code of conduct associated with their professional registration or membership, including operating within the limits of their acquired level of expertise.
8. The WRP must meet any minimum performance and service standards as defined by the WorkCover Tasmania Board.
9. The WRP must provide data to WorkCover Tasmania consistent with the Conditions of Accreditation.
10. The WRP must participate in annual self-reporting and WorkCover Tasmania audits to demonstrate conformance with the Conditions of Accreditation.
11. The WRP'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.
12. The WRP must remain financially solvent.
13. The WRP must maintain appropriate insurances, including professional indemnity, workers compensation and public liability.
14. WRPs must meet relevant state and commonwealth legislative requirements for operating a business and delivering services, including records management, privacy, confidentiality, work health and safety, and the *Workers Rehabilitation and Compensation Act 1988*.
15. The WRP must comply with section 75 (2A) of the *Workers Rehabilitation and Compensation Act 1988*, meaning the WRP must not charge a fee that is higher than what they would normally charge for that service if that service were provided for a matter not connected with a claim for workers compensation.
16. The WRP must invoice insurers using WorkCover Tasmania's service codes for the specific workplace rehabilitation services for which they deliver.

17. The WRP must have customer feedback and complaints management systems in place to ensure outcome and customer focused service delivery.
18. The WRP must notify WorkCover Tasmania in advance, or as soon as practical, if any of the following situations arise, and accept that WorkCover Tasmania will review the status of accreditation and determine whether the proposed arrangements conform with the Conditions of Accreditation:
- 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 the workplace rehabilitation services
 - vi. there is any other change that affects, or may affect, the provider's service quality and procedures
 - vii. the WRP has entered into voluntary financial administration, becomes insolvent or is the subject of bankruptcy proceedings
 - viii. there is any professional misconduct or criminal proceedings being taken against the WRP or any individuals employed or engaged by the WRP
9. The WRP must accept that WorkCover Tasmania may:
- i. initiate an evaluation at any time during the period of the accreditation which may involve an evaluation of conformance to the Conditions of Accreditation
 - 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 accreditation status if the above conditions are not met.

I/we have read, understand and accept that I/we meet and will continue to conform to the Approval Criteria and Conditions of Accreditation and give consent for sharing of information in relation to this application and the ongoing accreditation.

I/we understand and are aware that any breach with the terms and conditions of accreditation may nullify any application or Instrument of Accreditation issued by WorkCover Tasmania in the event the application is approved.

Organisation name

Name and title of authorised signatory	Name and title of authorised signatory
Signature of authorised signatory	Signature of authorised signatory
(Please print and sign, if digital signature is unavailable)	
Date	Date

PART D: CONSENT TO COLLECT, DISCLOSE AND RELEASE INFORMATION

WorkCover Tasmania reserves the right to liaise with other workers compensation authorities, where the provider delivers workplace rehabilitation services, to exchange information about the application.

I/We consent to the collection, disclosure and release of information with other jurisdictional workers compensation authorities.

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

(Please print and sign, if digital signature is unavailable)

Date

Name and title of authorised signatory

Signature of authorised signatory

Date

An initiative of the Workcover Tasmania Board delivered by WorkSafe Tasmania



For more information contact
WorkCover Tasmania
Phone: 1300 366 322 (within Tasmania)
(03) 6166 460 (outside Tasmania)
Email: workcover.tasmania@justice.tas.gov.au