The *Declaration of Compliance* is a self-assessment to be completed by an employer who has a permit to self-insure, against the liabilities referred to in *section 97* of the *Workers Rehabilitation and Compensation Act 1988 (the Act)*.

In accordance with *section 107* of *the Act*, the WorkCover Tasmania Board (the Board) imposes conditions upon employer’s who are granted a permit to self-insure. WorkSafe Tasmania (WorkSafe) administers the regulatory functions on behalf of the Board.

*Permit Condition 1.2* requires self-insurers to complete an annual *Declaration of Compliance* and submit it to WorkSafe on or before 31 August each year. The *Declaration of Compliance* must be provided in the format as approved by the Board and must be signed by the self-insurer’s authorised senior manager.

Self-Insurer

Declaration of Compliance – Permit Conditions

Self-Insurer

Declaration of Conformance – Permit Conditions

|  |  |
| --- | --- |
| Self-Insurer Name: |  |

|  |  |
| --- | --- |
| Name and position of authorised Senior Manager completing the declaration: |  |

|  |  |  |
| --- | --- | --- |
| 1. Has there been any corporate changes that require reporting to the Board as set out in permit condition 1.5? If so, have these been reported to the Board, at least 14 days prior, to the change occurring?
 | Yes | No |
| If no, provide explanation: |

|  |  |  |
| --- | --- | --- |
| 1. Has the self-insurer complied with all permit conditions in this reporting year?
 | Yes | No |
| If no provide details of any non-compliance and action taken to address the non-compliance/s: |

|  |  |  |
| --- | --- | --- |
| 1. Has the self-insurer been the subject of any WorkSafe Tasmania action in respect to any breaches of the *Workers Rehabilitation and Compensation Act 1988?*
 | Yes | No |
| If yes provide details of the breach/es and action/s taken to address the breach/es: |

|  |  |  |
| --- | --- | --- |
| 1. Has the self-insurer maintained a record of all disputes/complaints and their resolutions/outcomes and complied with internal and external disputes/complaints resolution policies and procedures?
 | Yes | No |
| If no, provide details: |

|  |  |  |
| --- | --- | --- |
| 1. Has the self-insurer breached any provision of the *Privacy Act 1988* or the *Personal Information Protection Act 2004 in relation to its acivities as a self-insurer?*
 | Yes | No |
| If yes, provide details and action/s taken to address/remedy the breach: |

|  |  |  |
| --- | --- | --- |
| 1. Has there been any instance of conflict of interest, real or perceived, identified in the last 12 months? If so, was it reported to the Board within 14 days, as required by permit condition 7.1(ii) and did the report contain details of action being taken to manage the conflict?
 | Yes | No |
| If no, provide details: |

|  |  |  |
| --- | --- | --- |
| 1. Is the self-insurer complying with its approved Injury Management Program?
 | Yes | No |
| If no, provide details and action being taken to address non-conformance: |

|  |  |  |
| --- | --- | --- |
| 1. Has the self-insurer reviewed its approved Injury Management Program within the previous 12 months to ensure consistency with legislation, Injury Management Program Guidelines issued by the Board and the self-insurer’s current claims and injury management practices?
 | Yes | No |
| If no, provide details  |

|  |  |  |
| --- | --- | --- |
| 1. Does the self-insurer remain committed to ensuring its primary aim is the recovery of, and return to work of, injured workers and that all decisions made relating to injury management are made in the best interests of the worker?
 | Yes | No |
| If no, provide details and action being taken to ensure conformance with permit condition 8.3: |

|  |  |  |
| --- | --- | --- |
| 1. Have corrective action/s identified (either during the insurers self-audits and/or WorkCover Tasmania audit/s) been addressed?
 | Yes | No |
| If no, provide reasons and action taken: |

|  |  |  |
| --- | --- | --- |
| 1. Has the insurer provided data in accordance with requirements, timeframes and format specified by the Board?
 | Yes | No |
| If no, provide details and action being taken to ensure conformance with permit condition 10: |

I the undersigned, declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Self-insurer name*) has complied with the Permit Conditions imposed by the WorkCover Tasmania Board.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (*Authorised Senior Manager*)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This form must be submitted via WIMS.*

This form was produced by staff from WorkSafe Tasmania. We welcome your feedback on this form. Send to: workcover@justice.tas.gov.au.

  

## **1300 366 322**

www.worksafe.tas.gov.au

For more information contact

Phone: 1300 366 322 (within Tasmania)

(03) 6166 4600 (outside Tasmania)

Fax: (03) 6173 0206

Email: workcover.tasmania@justice.tas.gov.au