

***Safety, Rehabilitation and Compensation Act 1988***

**Approved form for application for initial approval of a person as a rehabilitation program provider**

I, Susan Weston, Chief Executive Officer Comcare, acting pursuant to section 34S of the *Safety, Rehabilitation and Compensation Act 1988* (the Act):

1. revoke the instrument *Safety, Rehabilitation and Compensation Act 1988 – Section 34S –Approval of Form of Application for Approval as a Workplace Rehabilitation Provider,* dated 5 November 2015 and registered as instrument F2015L01774 on the Federal Register of Legislation; and

2. approve the attached *Application for Initial Approval of a Person as a Rehabilitation Program Provider* as the approved form for the purposes of paragraph 34C(1)(a) of the Act

This instrument takes effect on 1 January 2020.

Susan Weston, Chief Executive Officer Comcare

Dated: 5 September 2019

Attachment: Approved form *Application for Initial Approval as a Rehabilitation Program Provider*

This page is intentionally left blank.



**APPLICATION FOR INITIAL APPROVAL  
AS A REHABILITATION PROGRAM PROVIDER**

**IMPORTANT INFORMATION FOR APPLICANTS**

Under the *Safety, Rehabilitation and Compensation Act 1988* (the Act), Comcare can both:

* initially approve a person to be a rehabilitation program provider[[1]](#footnote-1), and
* renew that person’s approval to be a rehabilitation program provider.

This form is to be used by a person applying for initial approval as a rehabilitation program provider.

Comcare has made three legislative instruments important to any person seeking approval as a rehabilitation program provider. These are:

* The *Safety, Rehabilitation and Compensation Act (Criteria for Approval and Renewal of Rehabilitation Program Providers) Determination 2020* (the Criteria)
* The *Safety, Rehabilitation and Compensation Act (Operational Standards for Rehabilitation Program Providers) Determination 2020* (the Operational Standards) -– commencing on 1 July 2020
* There is also the *Criteria and Operational Standards for Workplace Rehabilitation provider 2015 (Criteria and Operational standards 2015).* This instrument will be entirely repealed on 1 July 2020. The operations standards inDivision 2 of Part 1 of the 2015 instrument is only relevant to a person making an application before 1 July 2020.

These instruments are available on the Comcare website. They are also available on the Federal Register of Legislation (www.legislation.gov.au).

The Criteria sets out the matters that a person must meet in order to become approved as a rehabilitation program provider. The Operational Standards sets out the matters that a person must comply with while they are approved to be a rehabilitation program provider.

A person seeking approval to provide rehabilitation services must ensure that their application contains sufficient information to allow Comcare to appropriately assess the application and that it is accompanied by the required fee (as prescribed by *the Safety, Rehabilitation and Compensation Regulations 2019* Part 3).

If an application is complete and accompanied by the required fee, Comcare must process it within six months of receiving it. If Comcare requires the person to provide additional information in connection with the application, it will not process the application until the person provides that additional information.

Comcare will approve an application where it is satisfied that the applicant meets the Criteria for approval and is likely to be able to comply with the relevant Operational Standards. Comcare will inform the applicant in writing of its decision.

If Comcare decides to approve the person as a rehabilitation program provider, it can also impose additional conditions on that person’s approval beyond what is in the Operational Standards.

If Comcare refuses to approve you as a rehabilitation program provider, you can have this decision reviewed by the Administrative Appeals Tribunal.

A person approved to be a rehabilitation program provider will be approved for a maximum period of three years (to 30 June of a renewal period). In order to continue to provide services beyond this date a workplace rehabilitation provider will be required to make a renewal application.

During the approval period, the rehabilitation program provider must participate in evaluations as required by Comcare in order to determine whether the provider is complying with the applicable conditions of approval.

Comcare is authorised by the *Safety, Rehabilitation and Compensation Act 1988* and the *Privacy Act 1988* to collect, use and disclose personal information. If Comcare is unable to collect, use and disclose personal information, it may not be able to determine or approve your application. Comcare is unlikely to disclose personal information collected to an overseas recipient.

For a copy of Comcare’s Privacy Policy, to request a change to personal information or to make a privacy complaint please refer to [comcare.gov.au/privacy](https://www.comcare.gov.au/privacy). You can also contact us on 1300 366 979 or email us at [privacy@comcare.gov.au](mailto:privacy@comcare.gov.au).

**PART A –APPLICANT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Organisation details** | | | |
| **Full name of organisation:** | | | |
| **Business /Trading name of organisation:** | | | |
| **Nature of Organisation:**  ***(For example: Company, Partnership, Sole trader)*** | | | |
| **Name and title of Principal/s:** | | | |
| **ABN / ACN (*if applicable***):  **(*Attach copy of the ABN record from the Australian Business Registry*):** | | | |
| **Organisation address**: | | **State**: | **Postcode**: |
| **Postal address**: | | **State**: | **Postcode**: |
| **Phone**: | | **Mobile**: | |
| **Email**: | | | |
| **Name of holding company if applicable:** | | | |
| **Address of holding company**: | | **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**: | **Mobile**: | | |
| **Email**: | | | |

|  |
| --- |
| **Approval in other workers’ compensation jurisdictions** |
| **Please list the workers’ compensation jurisdictions in which you are approved to provide workplace rehabilitation services.** |

|  |  |  |
| --- | --- | --- |
| **Previous applications** | | |
| **Have you ever been refused approval, or had your approval withdrawn, to provide workplace rehabilitation services by Comcare or any other Australian workers compensation authority?** | Yes | No |
| **If you answered yes, please provide details of the reasons for refusal or withdrawal of approval**  **Please also detail any steps you have taken since being refused approval to address the identified issue or issues.** | | |
|  | | |
| Conflicts of interest | | |
| **Do you have, or are you likely to have any actual or perceived conflict of interest between your role as an approved program provider and any other interest?** | Yes | No |
| **If ‘yes’, what are the details of this conflict?**  **What steps will you take to manage this conflict?** | | |

|  |
| --- |
| **Professional misconduct or criminal proceedings** |
| **Have any professional misconduct, discipline, criminal or civil proceedings ever been commenced against you, or anyone engaged or caused to be engaged by you, in relation to your work as a rehabilitation program provider?**  **If so, please provide details of any charges or complaints and the results of any proceedings.**  **Please also provide reasons why Comcare should not reject your application.** |
|  |
| **Insurance currency** |
| **Please provide the following documentation and details**   * **Professional Indemnity Insurance** * **Public Liability Insurance** * **Workers Compensation Insurance**   **(For each State or Territory of operation as applicable, if you have an exemption please indicate for which State/Territory)** |

**PART B – CONFORMING TO THE CRITERIA AND ANY CONDITIONS OF APPROVAL**

**Note.** This part refers to a person being ‘relevantly qualified’. This is an important concept that is defined in subsection 6(4) of the Criteria. Please ensure that you understand this concept before completing this section.

**Person in senior management to be relevantly qualified**

|  |  |
| --- | --- |
| **If you are approved to provide rehabilitation services, you will be required to have at least one person as part of your senior management who is:**   * **‘relevantly qualified’, and** * **has at least five years’ experience providing workplace rehabilitation services as a ‘relevantly qualified’ person.**   **Please provide the details in relation to that person:** | |
| **Name**: | **Title**: |
| **Qualifications demonstrating that the person is ‘relevantly qualified’**:   * **Relevant qualifications** * **Professional registration number/professional membership number/accreditation number (as applicable)** * **Comcare identification number (if applicable)** | |
| **Details of that person’s experience providing workplace rehabilitation services as a ‘relevantly qualified person’:**   * **Please attach a resume** | |

|  |
| --- |
| **Relevantly qualified** |
| **Please provide the following details for any person engaged, or who would be engaged, by you to provide rehabilitation program services should your application be approved:**   * **Name** * **Comcare identification number (if applicable)** * **Relevant qualifications** * **Professional registration number/professional membership number/accreditation number (as applicable)** * **Has the consultant attended Comcare training for approved rehabilitation program providers?** * **If yes, month and year of attendance** * **Has the consultant had more than 12 months experience providing workplace rehabilitation services?** * **If no, identify the name and contact details of the relevantly qualified consultant responsible for supervision** |

**Policies and practices - Induction, supervision and professional development**

|  |
| --- |
|  |
| **Please outline how your organisation intends to:**   * **induct new consultants** * **ensure there is appropriate supervision** * **ensure there is compliance with professional codes of conduct** * **provide for learning and development** |

**Policies and practices - Evaluation**

|  |
| --- |
|  |
| **Please outline how your organisation:**   * **monitors quality of service delivery, including service standards** * **monitors outcomes of service delivery, including performance benchmarks** |

**Rehabilitation Management - Effectiveness, availability and cost**

|  |
| --- |
|  |
|  |
| **A person** **applying for their approval as a rehabilitation program provider must be able to satisfy Comcare that they can meet the Operational Standards.**  **Please outline how your organisation:**   * **ensures the workplace rehabilitation services provided are effective** * **is responsive to referrals** * **monitors costs to ensure they are reasonable** |

**Rehabilitation Management – Privacy and record management**

|  |
| --- |
|  |
| **A person** **applying for their approval as a rehabilitation program provider must be able to satisfy Comcare that they can meet Operational Standards.**  **Please outline how your organisation:**   * **ensures compliance with privacy and confidentiality** * **maintains and secures appropriate records in relation to workplace rehabilitation management** |

**Rehabilitation Management – Case Examples**

|  |
| --- |
|  |
| **A person** **applying for their approval as a rehabilitation program provider must be able to satisfy Comcare that they can meet Operational Standards.**  **Please provide two de-identified examples of return to work programs managed by your organisation. Example documentation could include:**   * **a workplace rehabilitation assessment** * **a return to work plan** * **a case closure report** |

**Referees**

|  |
| --- |
|  |
| **Provide the contact details of two referees who can attest to your organization’s suitability as a rehabilitation program provider including statements as to the professional integrity, due diligence and quality of service delivery.**  **Name Organisation**  **Position Phone number** |

**Range of services**

|  |
| --- |
|  |
| **Comcare publishes the workplace rehabilitation services offered by each provider on Comcare’s website.**  **Workplace Rehabilitation Services**   * **initial needs assessment** * **workplace assessment** * **return to work plan/rehabilitation program management** * **functional assessment** * **cognitive assessment** * **vocational assessment** * **job search activities** * **work readiness activities**   **Please also list the range of other services offered by your organisation** |

**Location** **of services**

|  |
| --- |
|  |
| **Comcare publishes the State(s)/Territories in which an applicant has been approved to operate.**  **Please identify the State(s)/Territories in which you are seeking to operate.**  **Please ensure the application includes:**   * **the requisite insurance documentation** * **details for any person engaged, or who would be engaged, by you to provide rehabilitation program services to establish that they are ‘relevantly qualified’** |

**Agreement and Authorisation**

|  |
| --- |
| **Organisation name:** |

On behalf of the applicant:

1) I/We certify that the information provided in this application and in support of the application is true and correct. I/We understand that giving false or misleading information is a serious offence under the Criminal Code;

2) I/We agree to advise Comcare as soon as possible of any changes to the information provided in this application; and

3) I/We certify that persons engaged or employed by the applicant have authorised the collection, use and disclosure of their personal information, by Comcare, in relation to this application and for the purposes of enabling Comcare to determine whether the applicant, a relevant principal or employee of the applicant is complying with the criteria and operational standards for workplace rehabilitation providers determined under sections 34D and 34E of the SRC Act. In particular, I/We understand that this authorises Comcare to collect, use and disclose the personal information in order to seek confirmation of the qualifications, probity and financial standing of the applicant, relevant principals and any workplace rehabilitation provider engaged or employed and the likely effectiveness, availability and cost of the rehabilitation programs which may be provided by the applicant.

4) I/We consent or certify that persons engaged or employed by the applicant have authorised the collection, use and disclosure of their personal information by Comcare as part of this application or otherwise during the approval as a rehabilitation program provider for any purpose necessary to consider this application or otherwise determine whether I am/we are complying with any requirement or conditions imposed in relation to the approval as a rehabilitation program provider.

If the applicant is approved as a workplace rehabilitation provider:

5) I/ We understand that the approval as a rehabilitation program provider may be subject to conditions imposed by Comcare as it sees fit. I am/We are aware of the requirements of the Conditions of Approval and understand and accept the I/we must meet and continue to conform to the Conditions of Approval.

6) I/We understand that failure to comply with the criteria and operational standards for workplace rehabilitation providers determined under sections 34D and 34E of the SRC Act may result in the revocation of approval under section 34Q of that Act;

7) I/We understand that failure to comply with any condition(s) specified in the instrument of approval may result in the revocation of approval under section 34Q of the SRC Act;

8) I/We agree to advise Comcare of any changes in workplace rehabilitation providers employed or engaged by the applicant to manage return to work plans under the SRC Act, including evidence of qualifications, experience/supervision arrangements and attendance at Comcare approved training; and

9) I/We agree to Comcare listing the applicant’s name, service delivery description and contact details on Comcare’s website.

**This statement should be signed by the person authorised to make this application on behalf of an organisation.**

**Name and title of authorised signatory:**

|  |
| --- |
|  |

**Signature of authorised signatory:**

|  |
| --- |
| **Date:       /       /** |

**Name and title of authorised signatory:**

|  |
| --- |
|  |

**Signature of authorised signatory:**

|  |
| --- |
| **Date:       /       /** |

1. A reference to a rehabilitation program provider has the same meaning as a Workplace Rehabilitation Provider [↑](#footnote-ref-1)