



2 Bedbrook Place  
Shenton Park WA 6008  
1300 794 744  
workcover.wa.gov.au

**WORKPLACE REHABILITATION PROVIDER  
APPLICATION FOR APPROVAL**

**STAFF DETAILS**

Organisation

Address\*

Site provider approval number (if applicable)

Details as at date (DD/MM/YYYY)




Name and position title	Qualifications <i>(include qualification, institution and year of concurrence)</i>	Years of workplace rehabilitation experience	Basis of employment <i>(e.g. fee-for- service, part time or full time)</i>	Professional membership or registration <i>(type and membership number)</i>	Supervision arrangement for staff with less than 12 months experience

\*Use a copy of this document for each site in the jurisdiction where the application is submitted.