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## ***Workers Compensation and Injury Management Act 2023***

### **APPROVED FORM [s. 496]**

#### **Workplace Rehabilitation Provider – Application for Approval**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for an application by an organisation for approval as a workplace rehabilitation provider under section 172(2) of the *Workers Compensation and Injury Management Act 2023* is **Workplace Rehabilitation Provider – Application for Approval** in Appendix 1.

The **Workplace Rehabilitation Provider – Application for Approval** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form LA3 – v1 [D2023/242597].

CHRIS WHITE  
CHIEF EXECUTIVE OFFICER

28 June 2024



This form is to be used by organisations wishing to apply for approval as a workplace rehabilitation provider under section 172 of the *Workers Compensation and Injury Management Act 2023* (the Act).

An organisation seeking to apply for approval should refer to the *Workplace Rehabilitation Provider Approval Guidelines* (the Guidelines) for further details. The Guidelines set out the matters taken into consideration in determining an application for approval including:

- criteria for approval
- conditions that must be complied with
- how an application is made and what information needs to be provided in an application.

## SECTION A – APPLICANT DETAILS

### ORGANISATION DETAILS

Full name of organisation:

Trading name of organisation:

Nature of organisation:  Company  Partnership  
 Sole trader  Individual subsidiary of a government body

ABN:  ACN (if applicable):

*Attach a copy of the ABN record from the Australian Business Registry.*

Daytime contact number:  Mobile:

Email:

#### Organisation street address (must not be a PO Box)

Unit/Street/Property number:  Street name:

Suburb:  State:  Postcode:

#### Postal address

Same as organisation street address

Unit/Street/Property 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/Street/Property number:  Street name:

Suburb:  State:  Postcode:

### AUTHORISATION DETAILS

Name and position of the person(s) authorised to sign this application on behalf of the organisation.

Name:  Position title:

Name:  Position title:

## APPLICATION CONTACT PERSON

Name:

Position title:

Email:

Phone:

## OTHER WORKERS COMPENSATION AUTHORITIES WHERE APPROVAL HAS BEEN GRANTED

List the jurisdictions in which the applicant has a current *Instrument of Approval*.

## 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 yes, please provide details.

## CONFLICT OF INTEREST

Detail all your organisation's business affiliations with other suppliers of services within the WA workers compensation industry, and how you will manage any actual, potential, or perceived conflicts of interest.

## PROFESSIONAL MISCONDUCT OR CRIMINAL PROCEEDINGS

Outline if any proceedings have been taken (or are pending) against the organisation, owner(s) and/or management and/or any persons employed or engaged to deliver workplace rehabilitation services, in relation to professional misconduct or criminal proceedings, breaches of the privacy legislation or financial administration legislation.

## SECTION B – APPROVAL CRITERIA

An applicant must demonstrate how the organisation meets the approval criteria set out in regulation 86 and 87 of the Regulations, as described in the Guidelines. The approval criteria relate to the requirements for an applicant to become a workplace rehabilitation provider in the first instance, and which must continue to be adhered to if approval is granted by WorkCover WA.

Provide a statement addressing how the organisation will conform to each criterion.

WorkCover WA may seek more information from any applicant that does not fully address the approval criteria. Incomplete applications will not be accepted. If more space is required, please provide as an attachment with answers to each criterion clearly labelled.

### APPROVAL CRITERIA

Provide statements as to how your organisation has sufficient material and financial resources and operational capability and capacity to:

1. Provide effective workplace rehabilitation services.

2. Comply with the Act, the approval criteria, any conditions of approval and the ministerial fee order.

3. Ensure that workplace rehabilitation services are delivered by rehabilitation consultants and ensure that all rehabilitation consultants who deliver a workplace rehabilitation service maintain the relevant qualifications, experience and knowledge as set out in regulation 87 and clause 21 to 25 of the Guidelines.

4. Ensure that induction, ongoing training and, if required, supervision is available to a rehabilitation service consultant who delivers a workplace rehabilitation service.

5. Provide information as required by WorkCover WA to assist WorkCover WA monitor and review activities of the workplace rehabilitation provider under the Act.

*A workplace rehabilitation provider must collect data to undertake analysis and reporting of performance as required by WorkCover WA.*

Confirm your organisation's agreement to this condition:  Agreed

*A workplace rehabilitation provider must cooperate and provide accurate information to WorkCover WA to assist in performance monitoring and compliance activities.*

Confirm your organisation's agreement to this condition:  Agreed

6. Ensure that at least one (1) person in the management structure who:

- I. holds a rehabilitation consultant qualification; and
- II. has at least 5 years' experience in workplace rehabilitation

7. Ensure all relevant state, territory, and commonwealth legislative requirements are met in the operations of the business, including records management, security of information, privacy and confidentiality.

8. Ensure the required mandatory insurance cover, including professional indemnity, public liability insurance and workers compensation insurance.

**Professional Indemnity Insurance**

Name of insurer:

Policy number:  Expiry date (DD/MM/YYYY):

**Public Liability Insurance**

Name of insurer:

Policy number:  Expiry date (DD/MM/YYYY):

**Workers Compensation Insurance**

Name of insurer:

Policy number:  Expiry date (DD/MM/YYYY):

## SECTION C – CONDITIONS OF APPROVAL

The conditions of approval in this section will be imposed by WorkCover WA if approval is granted, and must be complied with for the duration of approval.

Provide information to demonstrate the organisation has capacity to comply with conditions 2.1. and 2.2 relating to principles and standards of practice.

### 1. Statutory requirements

- 1.1 The WRP must comply with obligations, requirements and timeframes as an approved WRP in accordance with the *Workers Compensation and Injury Management Act 2023* (Act) and the *Workers Compensation and Injury Management Regulations 2024* (the Regulations).
- 1.2 The WRP must continue to satisfy the criteria for the grant of the approval prescribed in the Regulations.

### 2. Principles and standards of practice

- 2.1 The WRP must comply with WorkCover WA's *Workplace Rehabilitation Providers Principles and Standards of Practice*.

Provide a statement setting out how your organisation intends to comply with WorkCover WA's *Workplace Rehabilitation Provider Principles and Standards of Practice* (Principles and Standards).

- 2.2 The WRP must deliver workplace rehabilitation services in accordance with *Heads of Workers' Compensation Authorities: Principles of Practice for Workplace Rehabilitation Providers*, September 2019, principles 1 – 5 (Principles of service delivery).

Provide a statement setting out how your organisation intends to satisfy principles 1 – 5 of the principles of service delivery.

**3. Further conditions**

3.1 The WRP must comply with any further condition or variation of a condition following written notice by WorkCover WA.

**4. Fees and charges**

4.1 The WRP must comply with the *Workers Compensation (Workplace Rehabilitation Services) Fees Order* made by the Minister in accordance with section 94 of the Act.

**5. Performance and review**

5.1 The WRP must participate in self-assessments, audits and reviews as required by WorkCover WA in accordance with section 178 of the Act.

5.2 The WRP must participate in training with respect to WRP services from time to time as required by WorkCover WA.

5.3 The WRP must maintain accurate case documentation and made available to WorkCover WA upon request to demonstrate ongoing compliance with the legislative, regulatory and approval conditions.

**6. Data and interactions with WorkCover WA**

6.1 The WRP must provide accurate, complete and timely data and information as required by WorkCover WA.

6.2 The WRP must ensure contact details are up to date.

**7. Contracting out**

7.1 The WRP must not contract out case management to other providers.

**SECTION D - DECLARATION**

I/We have read, understand, and accept that if approval is granted, the approval is subject to compliance with the approval criteria and conditions of approval, Principles and Standards and Guidelines generally.

I/We give consent for sharing of information in relation to this application and any ongoing approval.

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:

**Authorised signatory(s)**

Name:

Signature:

Position title:

Date:

Name:

Signature:

Position title:

Date: