

Tasmanian Additional  
Requirements to Renew as an

**ACCREDITED WORKPLACE  
REHABILITATION PROVIDER**



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# 1 Introduction

The WorkCover Tasmania Board (the Board) is responsible for the promotion and support of effective injury management of injured workers.

Under Section 77A of the *Workers Rehabilitation and Compensation Act 1988* (the Act), 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 Board as a workplace rehabilitation provider.

This document supports the Nationally Consistent Approval Framework for Workplace Rehabilitation Providers as outlined in the *Guide: Nationally Consistent Approval Framework for Workplace Rehabilitation Providers* and should be read in conjunction with this document.

The purpose of this document is to outline WorkCover Tasmania's requirements for workplace rehabilitation providers to renew their accreditation to operate in the Tasmanian workers compensation system.

Your organisation is required to complete this document and forward it with your renewal application and any other supporting documentation to WorkCover Tasmania.

Workplace Rehabilitation Providers wishing to renew accreditation to operate as a workplace rehabilitation services in additional jurisdiction(s) should refer to the relevant workers compensation authorities' website.

## 2 Applicant Details

<b>1. Organisation</b>	
<b>2. Address</b>	
<b>3. Phone Number</b>	
<b>4. Contact Person for this Application</b>	<i>Name</i> <i>Title</i> <i>Phone</i> <i>Email</i>
<b>5. Category Application is Made Under</b>	<input type="checkbox"/> <b>CATEGORY A:</b> <i>Cross-jurisdictional Providers – where approval has been granted in other jurisdictions</i> <input type="checkbox"/> <b>CATEGORY B:</b> <i>Tasmanian Providers – where Tasmania is the home jurisdiction</i>

### 3 Additional Requirements

In addition to the requirements described under the Nationally Consistent Approval Framework, WorkCover Tasmania requires workplace rehabilitation providers to provide additional information in order for their renewal application to be considered for approval.

#### Workplace Rehabilitation Services

**The workplace rehabilitation provider must only deliver those workplace rehabilitation services they are approved for by the Board.**

Select the workplace rehabilitation service(s) your organisation wishes to deliver under the *Workers Compensation and Rehabilitation 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
- Advice or assistance in relation to job seeking
- Advice or assistance in arranging vocational re-education or retraining

#### Staff Details Sheet

Your organisation must provide an updated *Staff Details Sheet (Appendix 1)* for each location being proposed as part of its application. Please use this sheet instead of the one provided in the National Application for Approval Form.

WorkCover Tasmania additionally requests that applicants indicate what workplace rehabilitation service each staff member delivers.

# Appendix 1 - Workplace Rehabilitation Providers Staff Details Sheet

- (1) This form must be completed as part of your application for renewal for all workplace rehabilitation consultants delivering prescribed workplace rehabilitation services for your organisation in accordance with the *Workers Rehabilitation and Compensation Act 1988*.
- (2) Please use this sheet instead of the one provided in the National Renewal Application Form.
- (3) Include information on which workplace rehabilitation services are being delivered by each staff member, and the location at which the services are delivered.
- (4) For multi-state organisations, workplace rehabilitation consultants who reside outside Tasmania but visit this State to deliver workplace rehabilitation services under the Act, should also be included on this form.
- (5) Add more rows to this table if needed to list all staff members, services delivered, and location from which services are delivered. You will need to copy the prescribed services delivered into any new row.

Organisation Name:				Address:			
Contact Name:				Email Address:			
Position Title:				Accreditation No.		Fax No.	
Phone No.				Details as at Date:			
Full Name	Position Title	Address	Email Address	Qualifications	Employment Type (F/T, P/T etc)	Location from which services delivered	Prescribed Workplace Rehabilitation Services Delivered <i>(click on interactive boxes)</i>
							<input type="checkbox"/> Initial workplace rehabilitation assessment <input type="checkbox"/> Assessment of the functional capacity of a worker <input type="checkbox"/> Workplace assessment <input type="checkbox"/> Job analysis <input type="checkbox"/> Advice concerning job modification <input type="checkbox"/> Rehabilitation counselling <input type="checkbox"/> Vocational assessment <input type="checkbox"/> Advice or assistance in relation to job seeking <input type="checkbox"/> Advice or assistance in arranging vocational re-education or retraining.

I declare that the information on this form is true and correct to the best of my knowledge.

Signed: ..... Date: .....

**Personal Information Protection Statement:**

WorkCover Tasmania values the privacy of every individual's personal information. WorkCover Tasmania is committed to protecting the personal information you provide. The collection, maintenance, use and disclosure of personal information by WorkCover Tasmania are managed in accordance with the *Personal Information Protection Act 2004*, which can be accessed at [www.thelaw.tas.gov.au](http://www.thelaw.tas.gov.au).

The personal information collected from you for the purposes of informing your application for accreditation will be used by WorkCover Tasmania for assessing your application and may be used for other purposes permitted by the *Workers Rehabilitation and Compensation Act 1988* and associated laws. Failure to provide the required personal information may result in your application not being processed or records not being properly maintained.

Subject to use for the purposes detailed in the above paragraph, this paragraph and except if required or allowed by law, all personal information you provide to WorkCover Tasmania will remain strictly confidential and will be held at WorkCover Tasmania, 30 Gordons Hill Road, Rosny Park, Tasmania 7018. 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. Your personal information can be accessed or amended by contacting WorkCover Tasmania on 1300 366 322 or [wstinfo@justice.tas.gov.au](mailto:wstinfo@justice.tas.gov.au). You may be charged a fee for this service.