

Application for approval as an accredited vocational rehabilitation provider

Introduction

This application must be lodged by organisations wishing to apply for approval as an accredited Vocational Rehabilitation Provider (VRP) under Section 50 of the *Return to Work Act 1986* (the Act).

An organisation wishing to apply for approval should refer to the NT WorkSafe: *Guidelines for approval as an accredited vocational rehabilitation provider* (the Guidelines) and the Head of Workers' Compensation Authorities: *Principles of Practice for Workplace Rehabilitation Providers* (Principles of Practice) prior to making an application to become a workplace rehabilitation provider.

If there is insufficient space to provide the information requested, please attach additional documentation.

APPLICATION CHECKLIST

Please ensure you have completed the following sections:

PART A: Business ownership details including association or connection with other organisations which supply services within the workers compensation industry	<input type="checkbox"/>
PART B: Documentation demonstrating conformance with the <i>Conditions of Approval</i>	<input type="checkbox"/>
PART C: A signed <i>Statement of Commitment to the Conditions of Approval for Workplace Rehabilitation Providers</i>	<input type="checkbox"/>
PART D: A signed <i>Statement of Commitment to the Principles of Practice for Workplace Rehabilitation Providers</i>	<input type="checkbox"/>
PART E: A signed consent for NT WorkSafe to liaise with other authorities, where the provider delivers workplace rehabilitation services, to exchange information about the application	<input type="checkbox"/>
APPENDIX 1: Current Northern Territory staff details completed for each site, where workplace rehabilitation services intend to be delivered (one sheet per site)	<input type="checkbox"/>

PART A: APPLICANT DETAILS

Organisation details

Full name of organisation:			
Trading name of organisation:			
Nature of organisation:	Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	
	Sole Trader <input type="checkbox"/>	Individual subsidiary of a government body <input type="checkbox"/>	
Name of principal(s):			
ABN (for Australian business only):		ACN (if applicable):	
Daytime contact number:		Mobile number:	
Email address:		Fax number:	
Organisation street address (must NOT be a PO Box)			
Unit number/Street number/Property number:			
Street name:			
Suburb:	State:	Postcode:	
Postal address			
<input type="checkbox"/> Same as organisation street address (as above)			
Unit number/Street number/Property number:			
Street name:			
Suburb:	State:	Postcode:	

Application contact person

Name:	Title:
Daytime contact number:	Mobile number:
Email address:	

Northern Territory business location

To deliver vocational rehabilitation services in the Northern Territory, you must have a current business address in the Northern Territory. Evidence will be required, such as a current rental agreement.

Full name of organisation:			
Trading name of organisation:			
Nature of organisation:	Company	<input type="checkbox"/>	Partnership
	Sole Trader	<input type="checkbox"/>	Individual subsidiary of a government body
			<input type="checkbox"/>
Name of principal(s):			
ABN (for Australian business only):		ACN (if applicable):	
Daytime contact number:		Mobile number:	
Email address:		Fax number:	
Organisation street address (must NOT be a PO Box)			
Evidence provided:	Rental agreement	<input type="checkbox"/>	Other (specify):
			<input type="checkbox"/>
Unit number/Street number/Property number:			
Street name:			
Suburb:	State:	Postcode:	

Parent organisation details (if applicable)

Full name of organisation:			
Organisation street address (must NOT be a PO Box)			
Unit number/Street number/Property number:			
Street name:			
Suburb:	State:	Postcode:	
Person(s) authorised to sign this application on behalf of the organisation:			
Name:	Title:		
Name:	Title:		

Other workers compensation authorities where approval has been granted

Please attach evidence of any other approval granted (if applicable).

NSW	<input type="checkbox"/>	VIC	<input type="checkbox"/>	QLD	<input type="checkbox"/>	WA	<input type="checkbox"/>
SA	<input type="checkbox"/>	ACT	<input type="checkbox"/>	TAS	<input type="checkbox"/>	COMCARE	<input type="checkbox"/>

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	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes , please provide details below.			

Referees

Referee 1	
Name:	Title:
Daytime contact number:	Mobile number:
Email address:	
Referee 2	
Name:	Title:
Daytime contact number:	Mobile number:
Email address:	

Conflict of interest

Refer to *Principles of Practice for Workplace Rehabilitation Providers – Appendix B*

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

Professional misconduct or criminal proceedings

Are there any proceedings that have been taken (or are pending) against the organisation, owner/s and /or management, and/or any person employed or engaged to deliver workplace rehabilitation services, in relation to professional misconduct or criminal proceedings, breaches of the privacy act or financial administration acts?

Yes
No

If **yes**, provide details of the circumstances and reasons why there is no cause to reject your organisation's application.

Insurance currency

In the context of workplace rehabilitation service provision, please attach copies of your organisation's:

Professional Indemnity Insurance	
Please detail:	
Policy number:	Expiry date (DD/MM/YYYY):
Public Liability Insurance	
Please detail:	
Policy number:	Expiry date (DD/MM/YYYY):
Northern Territory Workers Compensation Insurance	
Please detail:	
Policy number:	Expiry date (DD/MM/YYYY):

Please note: If delivering services in the Northern Territory, you must hold a current workers compensation insurance policy provided by an approved insurer in the Northern Territory.

Please follow the link below for information on obtaining a Northern Territory workers compensation insurance policy.

<https://worksafe.nt.gov.au/workers-compensation/insurers>

PART B: CONFORMING TO THE CONDITIONS OF APPROVAL

An application must demonstrate how the applicant will conform to the *Conditions of Approval*.

Please refer to the NT WorkSafe: *Guidelines for approval as an accredited vocational rehabilitation provider*, Appendix 2 – *Conditions of Approval*

Condition 1: Statement of Commitment to the Conditions of Approval for Workplace Rehabilitation Providers (PART C)

Please provide a signed *Statement of Commitment to the Conditions of Approval for Workplace Rehabilitation Providers*.

Attached: Yes No

Condition 2: Evidence of a staff member’s current Northern Territory residency

Organisations applying to deliver vocational rehabilitation services in the Northern Territory must have at least one worker who is a Northern Territory resident.

Please refer to “Appendix 1 – Staff Details” for a list of what documentation you can provide as evidence.

Attached: Yes No

Condition 3: Staff (Appendix 1)

Please provide current staff details for each site where workplace rehabilitation services may be delivered.

Attached: Yes No

Condition 4: Person(s) in management structure able to demonstrate at least five years relevant workplace rehabilitation experience

Refer to *Principles of Practice for Workplace Rehabilitation Providers – Principles of Administration – Principle 7.8*

Name:	Title:
Daytime contact number:	Mobile number:
Email address:	
Name:	Title:
Daytime contact number:	Mobile number:
Email address:	

Please provide evidence of the person(s) relevant rehabilitation consultant qualification as outlined in the *Principles of Practice for Workplace Rehabilitation Providers*.

Attached: Yes No

Condition 5: Provider annual self-evaluation and other evaluations as required

To demonstrate ongoing conformance with the *Conditions of Approval*, an organisation must participate in annual self-evaluations and any independent evaluations as required by NT WorkSafe.

Outline the annual self-evaluation procedures and processes that will be implemented in the context of your organisation’s quality assurance model. Confirm your organisation’s agreement to conduct annual self-evaluations.

Please outline how the organisation will ensure that the person(s) who will conduct the provider annual self-evaluations on behalf of the organisation, meet the requirements of an independent evaluator including their qualifications. Please confirm what steps will be taken to ensure they will not personally be responsible for the aspects of the business that they evaluate. Confirm your organisation's agreement to participate in independent evaluations as required by NT WorkSafe.

Condition 6: Cases of workplace rehabilitation activity

An organisation must demonstrate management of their cases (excludes assessment only cases) of activity consistent with the model of vocational rehabilitation for injured Northern Territory workers (due consideration will be given to organisations servicing remote areas).

NT WorkSafe may request cases to review following the receipt of the return to work rates.

Outline how your organisation will meet this condition.

Condition 7: Minimum return to work rate

NT WorkSafe does not set a minimum return to work rate, however NT WorkSafe will require annual reporting on return to work rates. This must be provided in the format supplied in the NT WorkSafe: Guidelines for approval as an accredited vocational rehabilitation provider, Appendix 3 – return to work rates spreadsheet.

Condition 8: Principles of Practice for Workplace Rehabilitation Providers

An application must demonstrate how the applicant will conform to the *Conditions of Approval*, by addressing the relevant *Principles of Practice for Workplace Rehabilitation Providers*.

Principles of service delivery

1. Adopt a biopsychosocial approach to build capacity through work participation

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

Provide an example of how your organisation will identify risks and needs when planning interventions.

Provide an example of the guidance that your organisation will provide to the employer and treating providers.

2. Empower the worker and employer to achieve the goals of return to work

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

Provide an example of the guidance that your organisation will provide to the worker.

Provide an example of the guidance that your organisation will provide to the employer.

Provide an example of the guidance that your organisation will provide to medical practitioners.

Provide an example of the guidance that your organisation will provide to treating providers.

3. Deliver outcome driven workplace-based services

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

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Provide an example of your SMART plan, including review timeframes.

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Provide an example of how your organisation will establish how work activities can support and reinforce a treatment plan.

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4. An evidence-based approach to service design and delivery

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

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Provide examples of how your organisation applies contemporary and evidence based best practices

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Provide an example of health literacy information that supports the *Health Benefits of Good Work* that your organisation provides to stakeholders.

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5. Services that result in a measurable benefit to the worker and employer.

NT WorkSafe will request return to work outcomes annually for your organisation.

Example:

Financial Year	Insurer	Claim Number	Date claim received by insurer	Date Rehabilitation Provider Appointed	Jurisdiction where claimant resides and is receiving services	RTW Goal	Case Closed (Yes/No)	Case Closure Date	Case Duration (Months)	Goal Achieved (Yes/No)	Outcome	Date claimant returned to work (if applicable)	Reason

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

Do you use objective measures to track and evaluate return to work outcomes? Please provide an example.

How does your organisation measure when to terminate services that are no longer effective?

Principles of administration

6. Competent and qualified professionals

- In the Northern Territory, vocational rehabilitation providers will hold relevant membership registration and will have 12 months or more experience delivering vocational rehabilitation services (refer to Appendix A of the *Principles of Practice for Workplace Rehabilitation Providers* and the NT Guidelines).
- Where vocational rehabilitation consultants have less than 12 months experience delivering vocational rehabilitation services, a comprehensive induction and learning development plan will be completed, including demonstrated professional supervision for at least 12 months by a person who meets the requirements mentioned above.
- Organisations applying to deliver vocational rehabilitation services in the Northern Territory must have at least one worker who is a Northern Territory resident. Evidence of residency in the Northern Territory must be provided for your vocational rehabilitation consultants. Refer to Appendix 1 of this application for examples of what evidence can be provided.
- Provide your staff details of those vocational rehabilitation providers delivering services in the Northern Territory at Appendix 1.

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

Does your organisation have a comprehensive induction for vocational rehabilitation consultants? Please provide an example.

7. Appropriate governance processes

Provide a succinct statement on what this means to your organisation and how you will apply this principle and its indicators.

Condition 9: Safe environment

The vocational rehabilitation provider's facilities at all locations where services are intended to be provided must provide an accessible and appropriate environment for workers, staff and visitors and comply with the *Work Health and Safety (National Uniform Legislation) Act 2011* and the *Work Health and Safety (National Uniform Legislation) Regulations 2011*.

List each site.

For each site, describe how the facilities are accessible and appropriate for all workers, staff and visitors. In your response detail:

- the intended hours of operation (for example, business hours and five days per week excluding public holidays)
- the availability of public transport and/or car parking within or near each location
- what types of alternatives to stairs are available for workers with mobility impairments

Describe how the facilities comply with the *Work Health and Safety (National Uniform Legislation) Act 2011* and the *Work Health and Safety (National Uniform Legislation) Regulations 2011*.

Condition 10: Financial Solvency

Please provide evidence of your most recent ratified actuary/financial audit.

Attached: Yes No

ATTACHMENT CHECKLIST

Evidence of your Northern Territory business address	<input type="checkbox"/>
Evidence of approval from any other workers compensation authorities	<input type="checkbox"/>
Copy of your Professional Indemnity Insurance policy	<input type="checkbox"/>
Copy of your Public Liability Insurance policy	<input type="checkbox"/>
Copy of your NT Workers Compensation Insurance policy	<input type="checkbox"/>
Evidence of staff member’s current Northern Territory residential address (<i>Appendix 1</i>)	<input type="checkbox"/>
Completed staff details sheet (<i>Appendix 1</i>)	<input type="checkbox"/>
Evidence of relevant rehabilitation consultant qualification	<input type="checkbox"/>
Latest actuary/financial audit	<input type="checkbox"/>

PART C: STATEMENT OF COMMITMENT TO THE CONDITIONS OF APPROVAL CRITERIA

Read and sign the below statement acknowledging commitment to the Approval Criteria and Conditions of Approval.

The Approval Criteria and Conditions of Approval:

1. The vocational rehabilitation provider must comply with the *Conditions of Approval*, along with the contents of the Principles of Practice and the Guidelines generally, as ongoing requirements.
2. The vocational rehabilitation provider must have at least one worker who is a Northern Territory resident.
3. The vocational rehabilitation provider must ensure that all services are delivered in accordance with the workplace rehabilitation model by persons who hold the minimum qualifications as defined in the *Principles of Practice* and the Guidelines.
4. The vocational rehabilitation provider's management structure must include at least one person who holds a rehabilitation consultant qualification outlined in the *Principles of Practice for Workplace Rehabilitation Providers*, and who is able to demonstrate five years' relevant vocational rehabilitation experience.
5. The vocational rehabilitation provider must participate in annual self-evaluations and independent evaluations as required by NT WorkSafe to demonstrate conformance with the *Approval Criteria and Conditions of Approval*.
6. An organisation must demonstrate management of 3 cases (excludes assessment only cases) of workplace rehabilitation for each 12 month period within the three year approval period (if 3 cases from the Northern Territory are not available, it can be made up from other jurisdictions where you are approved). Due consideration will be given to organisations servicing rural and remote areas).
7. NT WorkSafe does not set a minimum return to work rate, however NT WorkSafe will require annual reporting on return to work rates in the format provided in Appendix 3 of the Guidelines.
8. The vocational rehabilitation provider must deliver services in compliance with the *Principles of Practice for Workplace Rehabilitation Providers* and the *Guidelines*.
9. The vocational rehabilitation provider's facilities at all locations where services are delivered must provide an accessible and appropriate environment for workers, staff and visitors and comply with local workplace health and safety legislation.
10. The vocational rehabilitation provider must remain financially solvent.
11. The vocational rehabilitation provider must notify NT WorkSafe in advance, in writing, or as soon as practical, if any of the following situations arise and accept that NT WorkSafe will review the status of approval and determine whether the proposed arrangements conform with the *Approval Criteria and Conditions of Approval*:
 - i. the business is sold or the controlling interest in the business is taken over by a new shareholder(s), owner(s) or director(s)
 - ii. the business changes its trading name or location of premises
 - iii. the business supplies or has connections with other suppliers of services within the workers compensation industry
 - iv. a new chief executive officer or director or head of management is appointed
 - v. there is a major change in the service delivery model and/or staff which may impact on the delivery of the workplace rehabilitation services
 - vi. any change in NT staff delivering rehabilitation services (new staff will require endorsement from NT WorkSafe prior to delivering services)
 - vii. there is any other change that affects, or may affect, the provider's service quality and procedures
 - viii. the provider has entered into voluntary financial administration, becomes insolvent or is the subject of bankruptcy proceedings
 - ix. there is any professional misconduct proceedings being taken against the provider or any individuals employed or engaged by the provider.
12. The vocational rehabilitation provider must accept that NT WorkSafe may:

- i. initiate an evaluation at any time during the period of the approval, which may involve an evaluation of conformance to the *Approval Criteria* or *Conditions of Approval*.
- ii. consult with the relevant professional or industry associations in determining what are reasonable expectations regarding performance
- iii. impose additional requirements
- iv. exchange information with other workers compensation authorities on provider performance
- v. cancel approval status if the above conditions are not met

NT WorkSafe reserves the right to request evidence of supervision where required, of a person delivering services (refer to NEW application – Principle 6 “competent and qualified professionals”)

I/We have read, understand and accept that I/we must meet and continue to conform to the *Approval Criteria* and *Conditions of Approval* and give consent for sharing of information in relation to this application and the ongoing approval.

I/We understand and are aware that any breach with the terms and conditions of the *Approval Criteria* or *Conditions of Approval* or *Principles of Practice* or *Guidelines* generally may nullify any application or *Instrument of Approval* issued by the Work Health Authority in the event the application is approved.

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:		
Name of authorised signatory:		
Title of authorised signatory:		
Signature of authorised signatory:		
Date		
Name of authorised signatory:		
Title of authorised signatory:		
Signature of authorised signatory:		
Date		

PART D: STATEMENT OF COMMITMENT TO THE PRINCIPLES OF PRACTICE FOR VOCATIONAL REHABILITATION PROVIDERS

Please refer to the Head of Workers' Compensation Authorities: *Principles of Practice for Workplace Rehabilitation Providers*.

I/We have read and agree to conform to the *Principles of Practice for Workplace Rehabilitation Providers* if approved as a vocational rehabilitation provider.

I/We understand and are aware that any breach of the *Principles of Practice for Workplace Rehabilitation Providers* may nullify any accreditation issued by the Work Health Authority in the event the application is approved.

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:		
Name of authorised signatory:		
Title of authorised signatory:		
Signature of authorised signatory:		
Date		
Name of authorised signatory:		
Title of authorised signatory:		
Signature of authorised signatory:		
Date		

PART E: CONSENT TO COLLECT, DISCLOSE AND RELEASE INFORMATION

NT WorkSafe reserves the right to liaise with other workers compensation authorities, where the provider delivers workplace rehabilitation services, to exchange information about the application.

I/We consent to the collection, disclosure and release of information with other jurisdictional workers compensation authorities.

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:		
Name of authorised signatory:		
Title of authorised signatory:		
Signature of authorised signatory:		
Date		
Name of authorised signatory:		
Title of authorised signatory:		
Signature of authorised signatory:		
Date		

APPENDIX 1: STAFF DETAILS

- This form must be completed as part of your application for all vocational rehabilitation providers delivering prescribed workplace rehabilitation services for your organisation, in accordance with the Act
- Include information on which workplace rehabilitation services are being delivered by each staff member and the location at which the services are delivered
- For multi jurisdiction organisations, vocational rehabilitation providers who reside outside the Northern Territory, however visit the Territory to deliver workplace rehabilitation services under the Act, should also be included on this form
- Duplicate the table provided if necessary to list all staff members, services delivered and locations from which services are delivered

Please ensure the information below is completed for your organisation:

Organisation name:		ABN:	
Location address:		Postal address:	
Accreditation number:		Details as at date:	
Contact name:		Contact position title:	
Email address:		Telephone number:	
Mobile number:		Facsimile number:	

Organisations applying to deliver vocational rehabilitation services in the Northern Territory must have at least one worker who is a Northern Territory resident. One of the following would be sufficient to show evidence of a staff member's current NT residential address:

- contract of purchase, current lease or rental document, receipt from an accommodation house or caravan park showing your residential address
- formal NT Government correspondence identifying you and your residential address dated within the last 12 months
- formal Australian Government correspondence identifying you and your residential address dated within the last 12 months
- council rate notice identifying you and your residential address
- financial institution document identifying you and your residential address dated within the last three months
- gas, electricity, water, telephone, pay TV, Foxtel, internet account identifying you and your residential address dated within the last three months
- Australian Taxation Office assessment showing current residential address

Evidence of a staff member's current Northern Territory residential address attached

STAFF DETAILS *continued*

Full name:	
Position:	
Email:	
Address:	
Location from which services delivered:	
Years of relevant vocation rehabilitation experience:	
Supervision arrangements (for staff with less than 12 months experience):	
Employment type (e.g. full-time, part-time, casual):	
Qualification, including institution and year attained:	
Years of relevant vocation rehabilitation experience:	
Professional membership or registration (type and member number number):	
Type of evidence provided showing staff member's current NT residential address:	

PRESCRIBED WORKPLACE REHABILITATION SERVICES DELIVERED

<input type="checkbox"/>	Initial workplace rehabilitation assessment	<input type="checkbox"/>	Rehabilitation counselling
<input type="checkbox"/>	Assessment of the functional capacity of a worker	<input type="checkbox"/>	Vocational assessment
<input type="checkbox"/>	Workplace assessment	<input type="checkbox"/>	Advice or assistance in relation to job seeking
<input type="checkbox"/>	Job analysis	<input type="checkbox"/>	Advice or assistance in arranging vocational re-education or retraining
<input type="checkbox"/>	Advice concerning job modification	<input type="checkbox"/>	Other:

***Duplicate this page and table as necessary to list all staff members**

OFFICE USE ONLY

Received via:	Mail <input type="checkbox"/>	Email <input type="checkbox"/>	Counter <input type="checkbox"/>	Fax <input type="checkbox"/>
Date received:			File reference:	
Processed by:			Authorised by:	
Approval issued:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of issue:	

Application requirements

PART A – Applicant details

All sections completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Attached supporting documents

Evidence of Northern Territory business location	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of approval from any other workers compensation authorities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Professional Indemnity Insurance policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public Liability Insurance policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NT Workers Compensation Insurance policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PART B – Conforming to the conditions of approval

All sections completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Attached supporting documents

Evidence of a staff members current NT residential address	Yes <input type="checkbox"/>	No <input type="checkbox"/>
APPENDIX 1 - Completed staff details sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of relevant rehabilitation consultant qualification	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Latest actuary/financial audit	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PART C – Statement of commitment to the conditions of approval criteria

Section completed and signed by authorised person	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PART D – Statement of commitment to the principles of practice for workplace rehabilitation providers

Section completed and signed by authorised person	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PART E – Consent to collect, disclose and release information

Section completed and signed by authorised person	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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